

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-23043
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-4382
7. Lease Name or Unit Agreement Name Champlin AQD State
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Bagley Permo Penn, North

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4304' GR
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type <u>Steel</u> Depth to Groundwater <u>53'</u> Distance from nearest fresh water well <u>N/A</u> Distance from nearest surface water <u>N/A</u>
Pit Liner Thickness: <u> </u> mil Below-Grade Tank: Volume <u> </u> bbls; Construction Material <u> </u>

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>P&A</u>
2. Name of Operator Yates Petroleum Corporation
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>2130</u> feet from the <u>West</u> line Section <u>8</u> Township <u>11S</u> Range <u>33E</u> NMPM <u>Lea</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4304' GR

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Pit type <u>Steel</u> Depth to Groundwater <u>53'</u> Distance from nearest fresh water well <u>N/A</u> Distance from nearest surface water <u>N/A</u>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P & A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

Plugged well as follows:

7-1-05 MIRU
7-6-05 Set CIBP @ 8605'. Stuck. Called Bill Pritchard w/NMOCD - agreed to set. Spotted 25 sx cement on top of CIBP 8605-8350'. WOC and tagged @ 8299'. PUH to 7350'. Spotted 25 sx Class "C" 7350-7110'.
7-11-05 Perforated @ 5100'. Squeezed w/35 sx @ 5100'. Perforated @ 3850'. Tagged TOC @ 4922'.
7-12-05 Squeezed w/35 sx Class "C" from 3805'. Tagged TOC @ 3697'. Perforated @ 1810'.
7-13-05 Squeezed w/35 sx Class "C" @ 1810'. WOC and tagged TOC @ 1635'. Perforated @ 424'. TIH to 410' and spotted 30 sx Class "C".
7-14-05 Tagged TOC @ 408'. Perforated @ 408'. Squeezed w/30 sx Class "C" @ 408'. WOC and tagged @ 323'. Perforated @ 60'. Pumped 10 sx Class "C" around 5-1/2" and 8-5/8".
7-15-05 Cut off wellhead. Installed P&A marker.

WELL IS PLUGGED AND ABANDONED. FINAL REPORT.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 7-25-05

Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1470

For State Use Only

APPROVED BY: Gary W. Wink TITLE OC FIELD REPRESENTATIVE #2/STAFF MANAGER DATE JUL 29 2005
Conditions of Approval (if any)