| Submit 3 copies to Appropriate District Office  | S  | State of New Mexico                 |  |   |                                       | Form C-103                             |               |           |  |
|---|--|-------------------------------------|--|---|---------------------------------------|--|---------------|-----------|--|
| DISTRICT I  | Energy, Minerals and Natural Resources                       |                                     |  |   | Revised March 25, 1999                |  |               |           |  |
| 1625 N. French Dr., Hobbs NM 88240<br>DISTRICT II   | DI., HUDDS NIM DOZZ40  |                                     |  |   |                                       | WELL API NO.                           |               |           |  |
| 1301 W. Grand Avenue, Artesia NM 88. DISTRICT III   | 4000 O II O  |                                     |  |   |                                       | 30-025-36077                           |               |           |  |
| 1000 Rio Brazos Rd., Aztec NM 87410   |  |                                     |  |   |                                       | 5. Indicate Type of Lease STATE X FEE  |               |           |  |
| DISTRICT IV   |  |                                     |  |   | 6. State Oil & Gas Lease No.          |  |               |           |  |
| 1220 S. St. Francis Dr., Santa Fe, NM 8   |  |                                     |  |   |                                       |  |               |           |  |
| 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 |  |                                     |  |   | 7. Lease Na                           | ıme or Unit                            | t Agreen      | nent Name |  |
| PROPOSALS.)  1. Type of Well:   |  |                                     |  |   | Dempster State Unit                   |  |               |           |  |
| Oil Well Gas Well X Other   |  |                                     |  |   |                                       | Sompotor State State                   |               |           |  |
| 2. Name of Operator   |  | <del></del>                         |  |   | 8. Well No.                           |  |               |           |  |
| Yates Petroleum Corporation   |  |                                     |  |   | 1 1                                   |  |               |           |  |
| 3. Address of Operator  |  |                                     |  |   | 9. Pool Name or Wildcat               |  |               |           |  |
| 105 South 4th Str., Artesia, NM 88210   |  |                                     |  |   | Wildcat Mississippian                 |  |               |           |  |
| 4. Well Location  | 260  | O4b                                 |  | 4000  |                                       |  |               |           |  |
| Unit Letter N : 6   | 660 feet from the  | South                               | line and                               | 1980  | feet from th                          | e <u>V</u>                             | Vest          | line      |  |
| Section 30  | Township 11S   |                                     | 36E NMPM                               | l   | С                                     | ounty                                  | Le            | ea        |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4064' GR   |  |                                     |  |   |                                       |  |               |           |  |
| 11. Check Appropriate   | Box to Indicate Nature                                       | of Notice, Re                       | eport, or Othe                         | r Data                                      | · · · · · · · · · · · · · · · · · · · | ************************************** |               |           |  |
|   | OF INTENTION TO:   | 1                                   | •                                      | UBSEQUENT F                                 | REPORT (                              | OF:                                    |               |           |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |  |                                     |  |   | ALTERING CASING                       |  |               |           |  |
| TEMPORARILY ABANDON   | CHANGE PLANS   | $\exists$ $\mid$ ,                  | COMMENCE DRILLING                      | OPNS 🗀                                      | PLUG AND AB                           | ANDONNENT                              |               |           |  |
| PULL OR ALTER CASING [  | MULTIPLE [   |                                     | CASING TEST AND C                      |   | FLOG AND AB                           | ANDONNENT                              |               |           |  |
| į.  | COMPLETION L   | \                                   | CASING TEST AND CE                     |   |                                       |  |               |           |  |
| OTHER.  |  |                                     | OTHER:                                 | Production                                  |                                       |  | X             |           |  |
| <ol> <li>Describe proposed or co<br/>of starting any proposed<br/>or recompilation.</li> </ol>  | ompleted operations. (Clearly<br>i work). SEE RULE 1103. For | state all pertine<br>r Multiple Com | ent details, and g<br>pletions: Attach | ive pertinent dates,<br>wellbore diagram of | including es<br>f proposed co         | timated dat<br>ompletion               | te            |           |  |
| <b>7-4-03</b> TD 7-7/8" hole to 13100'. Set 5-1/2" 17# and 20# casing @ 13100'. Cemented w/1750 sx Class H Poz w/additives. Tailed in w/1230 sx Class H Poz w/additives.                |  |                                     |  |   |                                       |  |               |           |  |
|   |  |                                     |  |   | (0)<br>(0)                            | 2324.25                                | 262726<br>600 | 30.00     |  |
| ٠   |  |                                     |  |   |                                       |  | 3/2           | 2.5       |  |
|   |  |                                     |  |   |                                       |  |               |           |  |
| 7.  | rmation above a true and comp                                |                                     |  |   | _                                     |  |               |           |  |
| SIGNATURE   | our Darris   | TITLE                               | Regulatory Co                          | mpliance Technic                            | cian                                  | DATE                                   | 7/1           | 1/03      |  |
|   | tormi Davis  |                                     |  |   |                                       | phone No.                              | 505-74        | 8-1471    |  |
| (This space for State use)  | 11 , , ,   | UL FI                               | ELLO REPRESEI                          | VIAIIVE II/SIAI                             | TE MANAC                              | JUN                                    | 11:           | <u> </u>  |  |
| APPROVED BY  Conditions of approval, if any:  | uy W. Wmy  | Z_TITLE                             | <del></del>                            |   | _                                     | DATE                                   | UL :          | 1 6 2003  |  |