| Submit 3 Copies To Appropriate District Office <u>District I</u>  | State of New Mexico Energy, Minerals and Natural Resources |                       | Form C-103<br>May 27, 2004                             |  |
|---|--|-----------------------|--|--|
| 1625 N. French Dr., Hobbs, NM 88240<br>District II  | $A_{ij}$   | WELL API NO.          | 27662  |  |
| 1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION DIVISION                                  |                       | 30-025-37663  5. Indicate Type of Lease                |  |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Francis Dr.                                 | STATE                 | FEE  |  |
| District IV   | Santa Fe, NM 87505   | 6. State Oil & Gas Le |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  | VO-6                  | 5107   |  |
| 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 Name or Unit Agreement Name Pitney State Unit |  |
| PROPOSALS.)   |  | 8. Well Number        | ate Ont  |  |
| 1. Type of Well: Oil Well Gas Well Other  |  |                       | 5  |  |
| Name of Operator     Yates Petroleum Corporation  |  |                       | 025575   |  |
| 3. Address of Operator  |  | · ·                   | 10. Pool name or Wildcat Wildcat Mississippian         |  |
| 105 S. 4 <sup>th</sup> Street, Artesia, NM 88210  |  | Wildcat Mi            | ssissippian  |  |
| 4. Well Location Unit Letter D :  | 660 feet from the North line and                           | 660 feet from the     | West line  |  |
| Section 12  | Township 12S Range 35E                                     |                       | County   |  |
|   | 11. Elevation (Show whether DR, RKB, RT, GR, 4087' GR      | etc.)                 |  |  |
| Pit or Below-grade Tank Application   |  |                       |  |  |
|   | er Distance from nearest fresh water well                  |                       | vater  |  |
| Pit Liner Thickness: mil  | Below-Grade Tank: Volume bbls;                             | Construction Material |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |                       |  |  |
|   |  | UBSEQUENT REPO        | RT OF:   |  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  |  |                       |  |  |
| TEMPORARILY ABANDON   |  |                       |  |  |
| PULL OR ALTER CASING  | MULTIPLE COMPL   CASING/CEM                                | IENT JOB              |  |  |
| OTHER:  | ☐ OTHER:   | Drilling              | $\boxtimes$  |  |
| 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.  |  |                       |  |  |
|   |  |                       |  |  |
|   |  |                       |  |  |
| 2-20-06 Made 5' of new hole. TD=15'. Hole size=12-1/4". Notified Sylvia Dickey w/Hobbs NMOCD via email.   |  |                       |  |  |
|   |  |                       |  |  |
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|   |  |                       |  |  |
| T1 1  |  |                       |  |  |
| 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 on closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan. |  |                       |  |  |
| SIGNATURE SIGNATURE   | TITLE Regulatory Com                                       | pliance Technician D  | ATE <u>2-21-06</u>                                     |  |
| Type or print name Stormi D For State Use Only  | A  | Telephone No          | 505-748-1471   |  |
| OC FIELD REPRESENTATIVE IT/STAFF MANAGEM  |  |                       |  |  |
| APPROVED BY: TITLE DATE  Conditions of Approval (if any):  TITLE DATE   |  |                       |  |  |
|   |  |                       | ~ · LUU0   |  |