

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

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.)		WELL API NO. 30-025-28136
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>P&A</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. LG-3675
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Swan VB State
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>21</u> Township <u>14S</u> Range <u>33E</u> NMPM <u>Lea</u> County		8. Well Number 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4213' GR		9. OGRID Number 025575
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type <u>Steel</u> Depth to Groundwater <u>N/A</u> Distance from nearest fresh water well <u>N/A</u> Distance from nearest surface water <u>N/A</u>		
Pit Liner Thickness: <u>N/A</u> mil Below-Grade Tank: Volume <u>N/A</u> bbls; Construction Material <u>N/A</u>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

2-23-06 MIRU.

2-27-06 ND WH and NU BOP. PU on tubing. Pumped 210 bbls mud and spotted 75 sx cement @ 9996'. WOC.

2-28-06 No tag. Spotted 75 sx @ 9996'. WOC. Tagged @ 10187'. Spotted 50 sx @ 9996'.

3-1-06 Tagged @ 10187'. Spotted 35 sx @ 9996'. WOC and tagged @ 10147'. Spotted 75 sx @ 9996'.

3-2-06 Tagged @ 10147'. Spotted 100 sx @ 9676' (per OCD E.L. Gonzales.). WOC and tagged @ 10050'. Spotted 36 sx @ 9676'.

3-3-06 Tagged @ 10050'. Set CIBP @ 9690' (OK'd by OCD). Tagged CIBP.

3-6-06 Circulated 10# mud (35 sx salt gel). Spotted 25 sx cement 9690-9449'. Spotted 35 sx 7800-7442'. Perforated @ 4250'.

3-7-06 Squeezed w/50 sx. WOC. Tagged @ 4074'. Perforated @ 2250'. Squeezed w/35 sx.

3-8-06 Tagged @ 2034'. Perforated @ 500'. Squeezed w/35 sx. WOC and tagged @ 357'. Perforated @ 60' and squeezed 20 sx to surface.

3-9-06 Cut off wellhead. Install marker and clean location.

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

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 3-16-06

Type or print name Stormi Davis E-mail address: stormid@ypcnm.com Telephone No. 505-748-1471

For State Use Only

APPROVED BY: Larry W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MAP AGENT DATE MAR 23 2006
Conditions of Approval (if any):