Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-37663
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VO-6107
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Ditmon Ctata I Init
PROPOSALS.)		Pitney State Unit 8. Well Number
1. Type of Well: Oil Well	Gas Well 🗵 Other	5. Well Number
Name of Operator Yates Petroleum Corporat	ion	9. OGRID Number 025575
3. Address of Operator	1011	10. Pool name or Wildcat
105 S. 4 th Street, Artesia,	NM 88210	Wildcat Mississippian
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	NMPM Lea County
1000 1000 1100 1100 1100 1100 1100 110	11. Elevation (Show whether DR, RKB, RT, GR, etc. 4087' GR	
Pit or Below-grade Tank Application		
Pit type Depth to Groundwat	er Distance from nearest fresh water well D	istance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volume bbls; C	Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON	<u> </u>	RILLING OPNS. P & A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	NT JOB
OTHER:	☐ OTHER:	
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.		
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Propose to fill rathole with dirt and	reclaim location per regulations.	27720
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I hereby certify that the information	above is true and complete to the hest of my knowled	go and haliaf I fourth a mais at a second haliaf
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 closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE TITLE Regulatory Compliance Technician DATE 5-22-06		
Type or print nameStormi Da	avis E-mail address:	Telephone No. <u>505-748-1471</u>
For State Use Only	•	-
APPROVED BY: Janu W. With TITLE DATE MAY 3 0 2006		
APPROVED BY: JOHN TITLE Conditions of Approval (if any): DATE MAY 3 0 2006		