

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. 30-025-29071
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-6117
7. Lease Name or Unit Agreement Name Isaiah BBA State
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat S.R.R.; Upper Penn

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/> <b>P&amp;A</b>	7. Lease Name or Unit Agreement Name Isaiah BBA State
2. Name of Operator Yates Petroleum Corporation	8. Well Number 1
3. Address of Operator 105 S. 4 <sup>th</sup> Street, Artesia, NM 88210	9. OGRID Number 025575
4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>West</u> line Section <u>14</u> Township <u>9S</u> Range <u>32E</u> NMPM Lea County	10. Pool name or Wildcat S.R.R.; Upper Penn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4218' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

<b>NOTICE OF INTENTION TO:</b> 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"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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"/>
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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.

9-7-06 RU plugging equipment.

9-8-06 TIH and latched RBP. Came out of hole w/packer and RBP. Set CIBP @ 9150' and dumped 40' cement on plug.

9-11-06 RIH to 7812' and circulated w/120 bbls brine w/gel. Perforated @ 8100'. RIH to 8140' and pumped 25 sx. WOC and tagged @ 7906'. Perforated @ 4860' and tested to 1000#.

9-12-06 TIH open-ended to 4883' and spotted 25 sx plug. WOC and tagged @ 4626'. Perforated @ 3750'. Tested to 1000#. TIH open-ended to 3776' and pumped 25 sx. WOC.

9-13-06 Tagged @ 3560'. Perforated @ 2170'. Tested to 1000#. Dropped down to 2213' and spotted 25 sx plug. WOC and tagged @ 1903'. Perforated @ 450'. Pumped 35 sx. WOC and tagged @ 350'. Perforated @ 60'. Spotted 15 sx. Circulated to surface.

9-14-06 Cut off wellhead, installed dry-hole marker and cleaned location.

**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 9-18-06

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

For State Use Only

APPROVED BY: Gay W. Wink DATE SEP 20 2006

Conditions of Approval (if any):