Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-26766
1301 W. Grand Ave., Artesia, NM 88210 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		V-3959
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Out A OVI State
PROPOSALS.)	<u></u>	Quay AQU State 8. Well Number
1. Type of Well: Oil Well	Gas Well Other	1
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator		025575 10. Pool name or Wildcat (96724)
105 S. 4 th Street, Artesia, NM 88210		Cruz; Delaware, Northeast
4. Well Location		
Unit Letter C:	660 feet from the North line and	1980 feet from the West line
Section 10	Township 23S Range 33E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3590.6' GR		
Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwat	er 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		
NOTICE OF IN	NTENTION TO: SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		<u> </u>
TEMPORARILY ABANDON	· · · · · · · · · · · · · · · · · · ·	DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
OTHER:	□ OTHER:	Add Delaware Perforations
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.		
or recompletion.		
10-12-06 Set 7-5/8" CIBP @ 7324	' and dumped 35' cement on top	
	0-5154' (5) and 5176-5184' (9) for total of 14 holes.	Acidized w/750 gal 7-1/2% HCl acid and 30 ball
sealers.		46
		/o ³
2-7/8" tubing @ 5068'		2€ 2 € 2 √
		1 00 00 T
		e
I hereby certify that the information	above is true and complete to the best of my knowle	dge and belief. I further certify that any pit or below-
grade tank has been/will be constructed q	r closed according to NMOCD guidelines \square , a general permit	or an (attached) afternative OCB-approved plan .
SIGNATURE Store	TITLE Regulatory Comp	pliance Technician DATE 10-18-06
Tyma or print name Stormi D	avis E-mail address:	Telephone No. 505-748-1471
Type or print name Stormi Davis E-mail address: Telephone No. 505-748-1471 For State Use Only		
APPROVED BY: Hay L	J. WAR TIONE FIELD REPRESENT	DATEDATE
Conditions of Approval (if ary):		ATTVE II/STAFF MANAGER NOV 2 8 2006