Submit 3 Copies To Appropriate District Office	State of N Energy, Minerals ar	Form C-103 May 27, 2004					
District I 1625 N. French Dr., Hobbs, NM 88240	<del></del>				WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210				30-025-37626  5. Indicate Type of Lease			
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Rd. Aztec. NM 87410			STATE STATE FEE			
istrict IV Santa Fe, NM 8/505				6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505					VA-2436		
	CES AND REPORTS ON			7. Lease Name	or Unit Agreemen	t Name	
(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				Hoyt State Unit			
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other				8. Well Number			
				1			
2. Name of Operator				9. OGRID Num			
Yates Petroleum Corporation 3. Address of Operator				025575 10. Pool name or Wildcat			
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210				Wildcat Mississippian			
4. Well Location Unit Letter J: 1	650 feet from the	South	line and	1650 feet fro	om the East	line	
Section 15	Township 103		nge 35E		ea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.				)			
Pit or Below-grade Tank Application or	· Closure	4107'	GR				
Pit type Depth to Groundwater		st fresh w	ater well Die	stance from nearest su	irface water	·	
Pit Liner Thickness: mil	Below-Grade Tank: Volum				mace water		
	ppropriate Box to Indi				- Data		
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORTEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DR CASING/CEMEN				ILLING OPNS.  T JOB	ALTERING CAS P & A	SING	
OTHER:  13. Describe proposed or complete	eted operations (Clearly s	toto all r	OTHER:	Drilling	taa inaladina sati		
of starting any proposed wor or recompletion.  2-27-07 Made 5' of new hole. TD=1						ompletion	
				Receive Hobbs (10f)	ed		
I hereby certify that the information a grade tank has been/will be constructed or c	bove is true and complete losed according to NMOCD gui	to the be	est of my knowledg	e and belief. I furt or an (attached) alter	her certify that any pi	t or below- d plan [].	
SIGNATURE Stone	eusTr	TLE R	Legulatory Complia	nce Technician	DATE <u>2-28-</u>	07	
Type or print name Stormi Dav			***	Telephon	ne No. <u>505-748-</u>	<u> 1471                                   </u>	
For State Use Only	. N			- MA PANNAGER	MAD	1 9 200	
APPROVED BY: Lay W.	Wink II	TLE	esentative II/st	AFF MAIL	MAR DATE	T 2 700	
Conditions of Approval (if any):	OC FIEL	D KEKK					