

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. 30-025-28192
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Vacuum State
8. Well Number 2
9. OGRID Number 025575
10. Pool name or Wildcat Scharb; Queen

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>10</u> Township <u>19S</u> Range <u>35E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3879'	
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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" 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 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.

- 1) TIH w/tubing to 8240'. Circulate hole w/9.5 PPG mud. TOH w/tubing.
- 2) RU WL company. RIH w/CIBP and set @ 6250'. Dump 35' cement on plug. RIH w/CIBP and set @ 4650'. Dump 35' cement on plug.
- 3) TIH w/tubing and spot 100' cement plug 4050-3950'. WOC and tag. TOH.
- 4) Perforate squeeze holes @ 1880'. TIH w/tubing and packer. Set packer @ 1750'. Pump into squeeze holes. If circulation to surface between 5-1/2" and 8-5/8" casing can be established, pump 300 sx cement to bring cement to surface behind 5-1/2" casing and leave 100' in 5-1/2" casing. WOC and tag. If circulation cannot be established, perforate @ 554' and place 100' cement plug inside and outside casing. WOC and tag.
- 5) Spot 100' cement plug 554-454'. WOC and tag. Spot 10 sx cement plug @ surface.
- 6) Install marker. Clean location.

(Proposed Schematic Attached)

Verbal approval received from Gary Wink w/Hobbs OCD 4-16-07.

THE OIL CONSERVATION DIVISION MUST
BE NOTIFIED 24 HOURS PRIOR TO THE
BEGINNING OF PLUGGING OPERATIONS.

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 4-16-07

Type or print name Stormi Davis E-mail address: _____ Telephone No. 505-748-1471

For State Use Only

APPROVED BY: Gary Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 20 2007

Conditions of Approval (if any): _____

Well Name: Vacuum St. No. 2 Field: _____

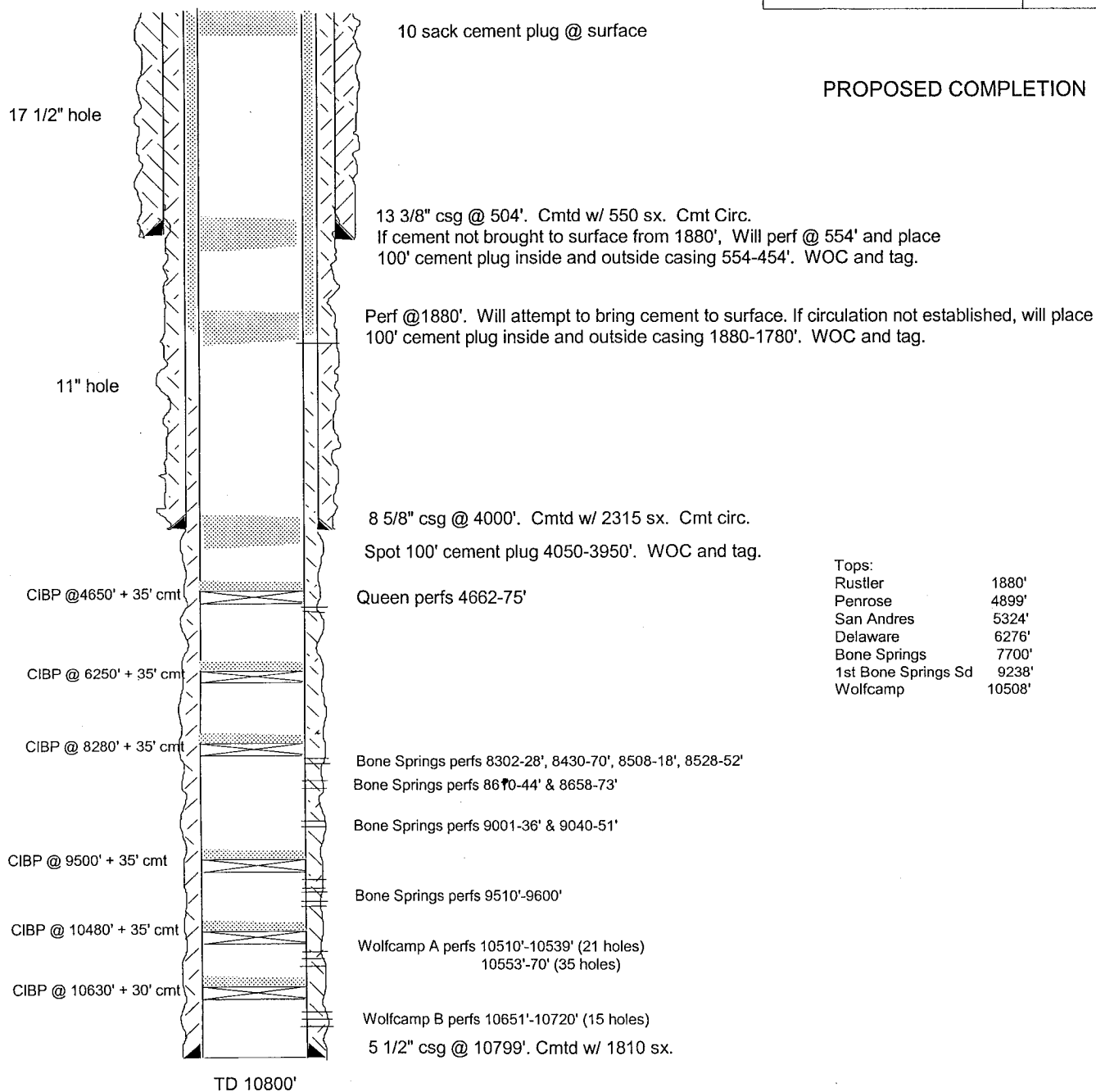
Location: 660' FNL & 660' FWL Sec. 10-19S-35E Lea Co., NM

GL: 3879' Zero: _____ AGL: _____ KB: 3895'

Spud Date: 4-20-83 Completion Date: _____

Comments: _____

Casing Program	
Size/Wt/Grade/Conn	Depth Set
13 3/8" 48 & 54.5#	504'
8 5/8" 24, 28 & 32# K-55	4000'
5 1/2" 15.5 & 17# K55 & L80	10799'



SKETCH NOT TO SCALE

DATE: 4/16/07 Vacuum2G