| Submit 3 Copies To Appropriate District  | State of New Mexico                    |                      | Form C-103  |  |
|--|--|----------------------|---|--|
| Office District I  | Energy, Minerals and Natural Resources |                      | May 27, 2004  |  |
| 1625 N. French Dr., Hobbs, NM 88240  |  | W                    | 'ELL API NO.  |  |
| District II  | OIL CONSERVATION                       | DIVISION             | 30-025-37099  |  |
| 1301 W. Grand Ave., Artesia, NM 88210  | _                                      | 1 3                  | Indicate Type of Lease                              |  |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. France                  |                      | STATE FEE   |  |
| District IV  | Santa Fe, NM 87505                     |                      | State Oil & Gas Lease No.                           |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  |  |                      | B-10612   |  |
| 87505  |  |                      |   |  |
|  | ICES AND REPORTS ON WELLS              |                      | Lease Name or Unit Agreement Name                   |  |
| (DO NOT USE THIS FORM FOR PROPO  | OSALS TO DRILL OR TO DEEPEN OR PLUG    | J BACK TO A          |   |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |  |                      | Le Doux BEX State Com                               |  |
| 1. Type of Well: Oil Well Gas Well Other   |  |                      | 8. Well Number                                      |  |
| 1. Type of wen. On wen   |  |                      | 1   |  |
| 2. Name of Operator  |  |                      | OGRID Number  |  |
| Yates Petroleum Corporation  |  |                      | 025575  |  |
| 3. Address of Operator   |  | 11                   | 10. Pool name or Wildcat                            |  |
| 105 S. 4 <sup>th</sup> Street, Artesia,  | NM 88210                               |                      | Wildcat Strawn                                      |  |
|  | 1111 55215                             |                      |   |  |
| 4. Well Location Unit Letter I: 1980 feet from the South line and 660 feet from the East line  |  |                      |   |  |
| Unit Letter I :  | 1980 feet from the South               | _ line and           | feet from the East line                             |  |
| Section 12   | Township 12S Rang                      | ge 33E N             | MPM Lea County                                      |  |
|  | 11. Elevation (Show whether DR,        |                      | · · · · · · · · · · · · · · · · · · ·               |  |
| 4217' GR   |  |                      |   |  |
| Pit or Below-grade Tank Application  |  |                      | 111 11 11 11 11                                     |  |
|  |  |                      |   |  |
| 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 I  | VENTION TO:                            | SUBSE                | QUENT REPORT OF:                                    |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                       | REMEDIAL WORK        | ☐ ALTERING CASING ☐                                 |  |
|  |  |                      |   |  |
| TEMPORARILY ABANDON  | 15 6-                                  |                      | <del>_</del>  |  |
| PULL OR ALTER CASING   | I MOLITPLE COMPL EI                    | CASING/CEMENT JO     | ов 🗆  |  |
| OTUED.   | n l                                    | OTHER:               | Recompletion Operations                             |  |
| 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.   |  |                      |   |  |
|  |  |                      |   |  |
| 5-2-07 Set 5-1/2" CIBP @ 12100'. Capped w/10' cement. Perforated Upper Morrow (6 JSPF) 12053-55' (18) and 12066-70' (24) for                         |  |                      |   |  |
| total of 42 .42" holes.  |  |                      |   |  |
|  |  |                      |   |  |
| 5-6-07 Acidized Upper Morrow w/1000 gal 7-1/2% Morrow acid w/50 balls.   |  |                      |   |  |
|  |  |                      |   |  |
| 5-8-07 Set 5-1/2" CIBP @ 12040' and capped w/35' cement Perforated Atoka (6 JSPF) 11582-11590' w/54 .40" holes.                                      |  |                      |   |  |
|  |  |                      |   |  |
| 5-9-07 Acidized Atoka w/1000 gal 7-1/2% Morrow acid w/60 ball sealers.   |  |                      |   |  |
|  |  |                      |   |  |
| 5-14-07 Set 5-1/2" CIBP @ 11550' and capped w/35' cement. Perforated Strawn (2 JSPF) 11144-11162' w/38 .40" holes.                                   |  |                      |   |  |
| . ,  |  |                      |   |  |
| <b>5-15-07</b> Acidized Strawn w/2000 gal 15% NEFE w/50 balls.   |  |                      |   |  |
| `  |  |                      |   |  |
| 2-7/8" tubing @ 11085'   |  |                      |   |  |
| 2 // 0 // // // // // // // // // // // /  |  |                      |   |  |
| I hereby certify that the information  | above is true and complete to the bes  | t of my knowledge ar | nd 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 |  |                      |   |  |
| 0 0  | 1                                      |                      |   |  |
| SIGNATURE  | TITLE R                                | egulatory Compliance | Technician DATE 5-29-07                             |  |
| 1000   |  | <u> </u>             |   |  |
| Type or print nameStormi D   | avis E-mail address:                   | stormid@vpcnm.o      | <u>com</u> Telephone No. <u>505-748-1471</u>        |  |
| Fou State Has Only   |  |                      |   |  |
| APPROVED BY: JUN 0 4 2007  |  |                      |   |  |
| APPROVED BY:   | (').(', )                              | SMAPLE STATE IN AN.  | DATE 0 4 2007                                       |  |
| Conditions of Approval (if any)  |  |                      |   |  |
| Conditions of Approval (if all 9)  |  |                      |   |  |