

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
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-10787

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

E.L. STEELER

8. Well Number

5

9. OGRID Number

036851

10. Pool name or Wildcat

YATES SEVEN RIVERS JALMAT

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

YARBROUGH OIL, L.P.

3. Address of Operator

P.O. BOX 1769

4. Well Location

Unit Letter K : 1980 feet from the S line and 1980 feet from the W line

Section 17 Township 23S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. INSTALL B.O.P. BEFORE WORK BEGINS
2. PULL TBG. + RODS
3. RUN CAST IRON BRIDGE PLUG TO 2500'
4. TEST CSG.
5. LOAD WITH 2% KCL WATER
6. TA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Pam Patten

TITLE

Patten

DATE

9-26-03

Type or print name

(This space for State use)

Telephone No.

APPROVED BY

Harry W. Wink

DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE

SEP 26 2003

Conditions of approval, if any: