

State of New Mexico
Energy, Minerals and Natural Resources Department

DISTRICT I

P.O. Box 1980, Hobbs NM 88240

DISTRICT II

P.O. Drawer DD, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-005-20692
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	
LOVELESS LQ STATE	
8. Well No	1
9. Pool Name or Wildcat	
TOMAHAWK SAN ANDRES	

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 ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South 4th., Artesia, NM 88210

4. Well Location
Unit Letter **B** : **660** Feet From The **NORTH** Line and **1980** Feet From The **EAST** Line
Section **36** Township **T7S** Range **R31E** NMPM **CHAVES** COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/> CORRECTION FOR C-129 <input type="checkbox"/>
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12. 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.

This meter was never de-activated as stated by the transporter. This well has not vented.

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

SIGNATURE Donna Clack TITLE REGULATORY COMPLIANCE DATE 10/6/03
TYPE OR PRINT NAME DONNA CLACK TELEPHONE NO. 505-748-1471

(This space for State Use)
APPROVED BY PETROLEUM ENGINEER DATE OCT 16 2003
CONDITIONS OF APPROVAL, IF ANY: