Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004	
District I 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		L API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DI	VISION	30-025-38167	
District III	1220 South St. Francis Dr.		dicate Type of Lease STATE FEE THE STATE THE STATE S	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		ate Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			VO-5980	
SUNDRY NOTICES AND REPORTS ON WELLS			ease Name or Unit Agreement 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			Van Dyke State Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			Vali Dyke State Offit	
			2	
2. Name of Operator Yates Petroleum Corporation			GRID Number 025575	
3. Address of Operator			Pool name or Wildcat	
105 S. 4 th Street, Artesia, NM 88210			Lane; Abo	
4. Well Location		1: 1 4650		
Unit Letter B:	660 feet from the North		feet from the East line	
Section 11	Township 10S Range 11. Elevation (Show whether DR, RK)	$\frac{33E}{R}$ NMP	M Lea County	
4225' GR				
Pit or Below-grade Tank Application or Closure				
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 IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	SUBSEQI MEDIAL WORK OMMENCE DRILLING SING/CEMENT JOB	JENT REPORT OF: ALTERING CASING OPNS. P & A	
OTHER:	⊓ от	HER: Recomp	letion Operations	
OTHER: OTHER: Recompletion Operations \(\) 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.				
10-9-07 RU and bled well down. T 10-10-07 Set 5-1/2" CIBP @ 11300 10-11-07 Acidized w/1000 gal 15% 10-15-07 Set 5-1/2" CIBP @ 9690' 10-16-07 Perforated Abo 8836-885: 10-20-07 Acidized w/5000 gal 15%	o'. Capped w/35' cement. Perforated Bo NEFE acid w/20 balls. w/35' cement on top. 8' w/44 holes.	ough 9716-9724' w/16	6.40" holes.	
I hereby certify that the information	above is true and complete to the best of	f my knowledge and b		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any intervel 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 Stand	TITLE Regui	latory Compliance Te	chnician DATE 10-22-07	
Type or print name Stormi Da	vis E-mail address:	stormid@ypcnm.com	Telephone No <u>505-748-1471</u>	
For State Use Only	•	•• .		
APPROVED BY: Aus A Conditions of Approval (if any):	Selliams TITLE DIST	UCT SUPERVISOR/G	ENERAL MANAGER OCT 2 5 2007	