

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

RECEIVED

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

Form C-103
May 27, 2004

WELL API NO. 30-025-00012	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. VA-2155	
7. Lease Name or Unit Agreement Name Fender State Unit	
8. Well Number 1	
9. OGRID Number 025575	
10. Pool name or Wildcat Wildcat;Abo	
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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> P&A	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	
4. Well Location Unit Letter K : 1980 feet from the South line and 1980 feet from the West line Section 9 Township 10S Range 32E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4360' GR	
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 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 checked="" 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.

6/16/08 Released pkr.
6/17/08 Set CIBP @ 8350'.
6/18/08 Tagged CIBP @ 8350'. Capped w/25 sx cement.
6/19/08 Spotted 30 sx cement @ 7050'.
6/24/08 Tagged cement @ 6457'. Cut csg @ 4950'.
6/25/08 Circulated plugging mud. Spotted 45 sx cement @ 5000'. WOC. Tagged @ 4855'. Spotted 50 sx cement @ 3650'. WOC. Tagged @ 3494'. Spotted 45 sx cement @ 1647'.
6/26/08 Tagged @ 1500'. Spotted 45 sx cement @ 435'. WOC. Tagged @ 295'. Spotted 20 sx cement from 60' to surface. Dig out & cut off wellhead. Cut off anchors. Installed dry hole marker. **WELL IS PLUGGED AND ABANDONED.**

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed/

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 Allison Barton TITLE Regulatory Compliance Technician DATE 6/27/08

Type or print name Allison Barton E-mail address: abarton@ypcnm.com Telephone No. (575) 748-1471
For State Use Only

APPROVED BY: Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUL 07 2008
Conditions of Approval (if any):