

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

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

WELL API NO. 30-025-31889	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. VB-134	
7. Lease Name or Unit Agreement Name Kiwi SWD	<input checked="" type="checkbox"/>
8. Well Number 8	<input checked="" type="checkbox"/>
9. OGRID Number 025575	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Peecos Slope ARO SWP Delaware	<input checked="" type="checkbox"/>

ADDITIONAL 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 SWD2. Name of Operator
Yates Petroleum Corporation ☒3. Address of Operator
105 S. 4th Street, Artesia, NM 882104. Well Location
Unit Letter F : 1980 feet from the North line and 2310 feet from the West line
Section 16 Township 22S Range 32E NMPM Lea County ☒

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

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 INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐

OTHER: MIT Test ☒

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.

MIT Test performed on 10/23/08.

Original chart retained by OCD.

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 Susan S. Lopez TITLE Regulatory Compliance Tech DATE October 29, 2008Type or print name Susan S. Lopez E-mail address: susanl@ypcnm.com Telephone No. 575-748-1471

For State Use Only

APPROVED BY: Caryll W. Hill TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 05 2008

Conditions of Approval (if any):