| Submit 3 Copies To Appropriate District | i Sta | te of New M | exico | | | Form C-103 | |
|--|---|---|-----------------------------------|-----------------------------|--|------------------------------------|--|
| Office District I | | nerals and Nati | ural Resources | MATERIA A | DI NO | June 19, 2008 | |
| 1625 N French Dr., Hobbs, NM 88249 ECEVED | | | | WELL API NO. / 30-025-39175 | | | |
| THE COLUMN TO TH | | | | 5. Indica | 5. Indicate Type of Lease | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 JAN 0 / 200 South St. Francis Dr. Santa Fe, NM 87505 | | | | | STATE STATE STATE | | |
| District IV 1220 S. St. Francis Dr. Santa Fe. NM a. | Sai | nta re, NM 8 | 7303 | 6. State 0 | Oil & Gas Leas | e No. | |
| 1220 S. St. Francis Dr., Santa Fe, NN 87505 | OBBOOCD | | | | VO-56 | 30 | |
| SUNDRY NO | TICES AND REPOR | TS ON WELL | S | 7. Lease | Name or Unit | Agreement Name | |
| (DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR USE "APP | POSALS TO DRILL OR T LICATION FOR PERMIT | O DEEPEN OR PL " (FORM C-101) F | OR SUCH | | Kris BNC St | ate Com | |
| PROPOSALS.) | | | | | 8. Well Number | | |
| 1. Type of Well: Oil Well | Gas well 🖂 Oil | ier | | | 6 | , | |
| 2. Name of Operator Vates Petroloum Corporation | | | | 9. OGRI | 9. OGRID Number 025575 | | |
| Yates Petroleum Corporation 3 Address of Operator | 3. Address of Operator | | | | 10. Pool name or Wildcat | | |
| 105 South Fourth Street, Artesia | , NM 88210 | | | | Wildcat; Miss | issippian | |
| 4. Well Location | | | | | | | |
| Unit Letter E: | 1650 feet from t | | - | | eet from the | West | |
| Section | Township | | ange 34E | NMPM | Lea | County | |
| | 11. Elevation (S) | | R, <i>RKB, RT, GR, e</i> B' GR | <i>(C.)</i> | 1 14 14 14 14 14 14 14 14 14 14 14 14 14 | 13.00 mm | |
| | | | | | | | |
| 12. Checl | k Appropriate Box | to Indicate N | Nature of Notic | e, Report or | Other Data | | |
| NOTICE OF | INTENTION TO: | | 911 | IRSEOLIEN | NT REPOR | T OF: | |
| PERFORM REMEDIAL WORK [| | • | REMEDIAL WO | | | RING CASING | |
| _ | CHANGE PLANS | s 🗆 | COMMENCE D | RILLING OP | NS.□ PAN | DA 🗆 | |
| | | IPL 🔲 | CASING/CEME | ENT JOB | | | |
| DOWNHOLE COMMINGLE [| | | | | | | |
| OTHER: | | | OTHER: | | 5' of new hole | | |
| 13. Describe proposed or cor of starting any proposed | mpleted operations. (| Clearly state all | pertinent details, | and give perti | nent dates, incl | uding estimated date | |
| or starting any proposed or recompletion. | work). SEE RULE I | 103. For Multip | ple Completions. | Anach wende | ne diagram or | proposed completion | |
| or recompletion | | | | | | | |
| | | | | | | | |
| 1/02/09 Made 5' of new hole @ | 11:30 a.m. TD = 35'. | Notified Sylvi | a Dickey w/Hobbs | s NMOCD via | e-mail. | | |
| 1702/05 Made 5 Of New More (c) | | - · · · · · · · · · · · · · · · · · · · | , | | | | |
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| , <u> </u> | | | | | | | |
| Spud Date: | | Rig Release D | Date: | # W | | | |
| 11. | | | , F | | | • | |
| | | | | | | | |
| T1 1 (C.1 (1) C. (1) | | | 4 | | | | |
| I hereby certify that the informati | on above is true and c | complete to the l | best of my knowle | dge and belie | f. | | |
| I hereby certify that the informati | on above is true and c | complete to the l | best of my knowle | dge and belie | f. | | |
| SIGNATURE CITIES SIGNATURE | on above is true and c | , | best of my knowle | | · · · · · · · · · · · · · · · · · · · | 1/05/09 | |
| SIGNATURE Ollows | Saiton | TITLE <u>Re</u> | gulatory Complian | nce Technicia | n DATE | | |
| SIGNATURE Allison | Saiton | TITLE <u>Re</u> | | nce Technicia | n DATE | <u>1/05/09</u> (575) 748-4385 . | |
| Type or print name For State Use Only | Saiton | TITLE Re | gulatory Complianabarton@ypcnm | nce Technicia | n DATE | (575) 748-4385 . | |
| SIGNATURE Allison | Saiton | TITLE Re | gulatory Complian | nce Technicia | n DATE | | |