	ew Mexico Form C-103
District I English and English	d Natural Resources June 19, 2008 WELL API NO.
District II	20.025.20426
1301 W. Grand Ave., Artesia, NM 88210  District III  1220 South S	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	DI OTTO
District IV 1220 S. St. Francis Dr., Santa Fe, NM	NM 8. (505) 6. State Oil & Gas Lease No.
87505	VO-6845
SUNDRY NOTICES AND REPORTS ON V	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C	
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other ✓	8. Well Number
	1
2. Name of Operator Yates Petroleum Corporation	9. OGRID Number 025575
3. Address of Operator	10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Wildcat Mississippian
4. Well Location	
Unit Letter P: 660 feet from the	South line and 990 feet from the East line
	Range 34E NMPM Lea County
11. Elevation (Show wheth	her DR, RKB, RT, GR, etc.) 4226' GR
Apparent and a second a second and a second	4220 GR
12. Check Appropriate Box to Indi	cate Nature of Notice, Report or Other Data
•••	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK □ PLUG AND ABANDON [	SUBSEQUENT REPORT OF:  REMEDIAL WORK  ALTERING CASING
TEMPORARILY ABANDON  CHANGE PLANS [	COMMENCE DRILLING OPNS. P AND A
<del></del>	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
OTHER.	
OTHER:  13. Describe proposed or completed operations. (Clearly st	OTHER: ate all pertinent details, and give pertinent dates, including estimated date
	Multiple Completions: Attach wellbore diagram of proposed completion
or recompletion.	
	A yellow marker was placed in the concrete. Covered & backdrug the
area to recontour the sand. WELL IS PLUGGED & ABANDO	<u>NED</u> .
	Approved for plugging of well bore only.
	Liability under bond is retained pending receipt
For any questions please contact Scott Pitts @ (575) 365-4716.	of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under
	Forms, www.cmnrd.state.nm.us/ocd.
3	
pr.	
Spud Date: Rig Rel	ease Date:
I hereby certify that the information above is true and complete t	o the best of my knowledge and belief.
SIGNATURE () LINGS TITLE	Regulatory Compliance Technician DATE 2/12/09
Type or print name Allison Barton E-mail address	abarton@ypcnm.com PHONE: (575) 748-4385
For State Use Only	DISTRICT 1 SUPERVISOR FEB 18 2009
APPROVED BY: Cample, Hill TITLE	DATE
Conditions of Approval (if any):	
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