Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004	
1625 N. French Dr. Hohbs. NM 88240			TELL API NO. 30-025-38862	27, 2001
District II 1301 W. Grand Ave., Artesia, NM 88 TO EIGHT ON SERVATION DIVISION District III 1220 South St. Francis Dr.			Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 8741 FEB 1 7 2009 Santa Fe, NM 87505			STATE FEE State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NHOBBSOCD 87505				
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.)			7. Lease Name or Unit Agreement Name Strait BLR State Com	
1. Type of Well: Oil Well Gas Well Other			Well Number 8	,
2. Name of Operator Yates Petroleum Corporation			9. OGRID Number 025575	
3. Address of Operator			10. Pool name or Wildcat	
105 S. 4 th Street, Artesia, NM 88210			Sand Springs; Mississippian	
4. Well Location Unit Letter G: 1	980 feet from the North	line and 1650	feet from the East	line
Section 28	Township 10SRar		MPM— Lea – County -	
	11. Elevation (Show whether DR, 4218'			
Pit or Below-grade Tank Application or		GK		
Pit type Depth to Groundwater				
Pit Liner Thickness: mil			The state of the s	
12. Check A	ppropriate Box to Indicate N	ature of Notice, Rep	port or Other Data	
TEMPORARILY ABANDON 🗀 🗌	FENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUBSE REMEDIAL WORK COMMENCE DRILLIN CASING/CEMENT JO		NG 🗌
OTHER:		OTHER: Drilling 5	of new hole	•
	eted operations. (Clearly state all pk). SEE RULE 1103. For Multiple a.m. TD = 90°. Hole size 12-1/4°	e Completions: Attach	wellbore diagram of proposed co	
I hereby certify that the information a grade tank has been/will be constructed or c	bove is true and complete to the be losed according to NMOCD guidelines	est of my knowledge and], a general permit 🗌 or an	d belief. I further certify that any pit n (attached) alternative OCD-approved	or below- plan □.
SIGNATURE WILLOW	TITLE R	Legulatory Compliance	Technician DATE 2/16/0)9
Type or print name Allison Bart For State Use Only	on E-mail address:	abarton@ypcnm.co	m Telephone No. <u>(575) 748</u>	
APPROVED BY:	TITLE_	PETHOLEOW CIVE	DATE	1 9 7009 —
Conditions of Approval (if any).			en samme en	
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