| Submit 3 Copies To Appropriate District Office   | State of New Mexico                            | Form C-103  |
|--|--|---|
| The state of the s | Energy, Minerals and Natural Resources         | June 19, 2008                                     |
| District I 1625 N. French Dr., Hobbs, MCCCIV   |  | WELL API NO.                                      |
| District II 1301 W Grand Ave , Artesia, NM 88210 District III APR I / 200  | OIL CONSERVATION DIVISION                      | 30-025-38887 <b>*</b>                             |
| District III APR 1 / 200   | 9 1220 South St. Francis Dr.                   | 5. Indicate Type of Lease  STATE  FEE             |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | $C \rightarrow C$ NIM 07505                    | 6. State Oil & Gas Lease No.                      |
| District IV<br>1220 S St. Francis Dr , Santa Fe, NM  | <u> </u>                                       | o. State on & das Lease No.                       |
| 87505  |  | VO-1611   |
| SUNDRY NOTICES A   | ND REPORTS ON WELLS                            | 7. Lease Name or Unit Agreement Name              |
| (DO NOT USE THIS FORM FOR PROPOSALS T  | O DRILL OR TO DEEPEN OR PLUG BACK TO A         | 1   |
| DIFFERENT RESERVOIR USE "APPLICATION   | FOR PERMIT" (FORM C-101) FOR SUCH              | Oakridge State Unit                               |
| PROPOSALS.)  1. Type of Well: Oil Well Gas W   | Vell ⊠ Other                                   | 8. Well Number                                    |
| 1. Type of well. On well Gas w   | ven 🔼 Outer                                    | 3   |
| 2. Name of Operator /  |  | 9. OGRID Number                                   |
| Yates Petroleum Corporation  |  | 025575  |
| 3. Address of Operator   |  | 10. Pool name or Wildcat                          |
| 105 South Fourth Street, Artesia, NM 88210   |  | Bagley; Morrow, East (Gas)                        |
|  |  | Bugier, World W, Bust (Gus)                       |
| 4. Well Location Unit Letter J: 1700   | feet from the South line and                   | 1980 feet from the East line                      |
| Unit Letter J: 1700  |  | /   |
| Section- 31  | Township 113 Range 34E                         |   |
| 11.1   | Elevation (Show whether DR, RKB, RT, GR, etc.  | c.)   |
|  | 4215' GR                                       |   |
|  |  |   |
| 12. Check Appro  | priate Box to Indicate Nature of Notice        | Report or Other Data                              |
|  |  | , 1   |
| NOTICE OF INTEN  | TION TO: SUE                                   | BSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK PLU  | G AND ABANDON 🔲 📗 REMEDIAL WOI                 | RK  |
| TEMPORARILY ABANDON CHA  | NGE PLANS 🔲 COMMENCE DF                        | RILLING OPNS. □ P AND A □                         |
| PULL OR ALTER CASING   MUL   | TIPLE COMPL   CASING/CEMEN                     | NT JOB  |
| DOWNHOLE COMMINGLE   |  |   |
| · · · · ·  |  |   |
| OTHER:   | ☐. OTHER:                                      | Name Change 🛛                                     |
|  |  | nd give pertinent dates, including estimated date |
| • • • • · · · · · · · · · · · · · · · ·  | EE RULE 1103. For Multiple Completions: A      | attach wellbore diagram of proposed completion    |
| or recompletion.   |  | 70.4-   |
|  | OPER. OGRID NO. 255                            | 75  |
| Former Well Name:  | PROPERTY NO. 37676                             | )   |
| Oakridge State Unit #3   | PROPERTY NO.                                   |   |
| N W 11 N   | POOL CODE 9747                                 | 24  |
| New Well Name:   | EFF. DATE 4-27-09                              |   |
| Oakridge BIO State Com #3  |  | 700-  |
| Effective 4/27/09  | APINO. 30-025-3                                | DB87  |
| Enective 4/27/09   |  |   |
|  |  |   |
|  |  |   |
|  |  | · · · · · · · · · · · · · · · · · · ·             |
| Spud Date:   | Rig Release Date:                              |   |
|  |  |   |
|  |  |   |
| I hereby certify that the information above  | is true and complete to the best of my knowled | ge and helief                                     |
| Thereby certify that the information above   | is true and complete to the best of my knowled | ge and benef.                                     |
| · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·          |   |
| SIGNATURE CULTOS SIGNATURE   | <b>*</b>                                       | Tochnician DATE 4/15/00                           |
|  | LA TITLE Regulatory Compliance                 | SC LECHINGIAN DATE 4/13/119                       |
| • '  | TITLE Regulatory Compliance                    | ce Technician DATE 4/15/09 4/15/09                |
| Type or print name Allison Barton  |  |   |
| Type or print name Allison Barton For State Use Only   |  | om PHONE: (575) 748-4385                          |
| Type or print name Allison Barton For State Use Only   | E-mail address: <u>abarton@ypcnm.c</u>         | om PHONE: (575) 748-4385                          |
|  | E-mail address:abarton@ypcnm.c                 | om PHONE: (575) 748-4385                          |
| For State Use Only   | E-mail address: abarton@ypcnm.c                | Om PHONE: (575) 748-4385                          |
| For State Use Only  APPROVED BY:   | E-mail address: <u>abarton@ypcnm.c</u>         | Om PHONE: (575) 748-4385                          |