Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 8824	Energy, wither and water at Resources	WELL API NO.
1301 W. Grand Ave. Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-38476
District III II III	0 9 200920 South St. Francis Dr.	5. Indicate Type of Lease STATE S FEE
1000 Rio Brazos Rd., Aztec, NM 87410  District IV 1220 S. St Francis Dr , Santa Fe, NM HOBE 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 8 87505		VO-5301
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 BLP State
1. Type of Well: Oil Well Gas Well Other /		8. Well Number
2. Name of Operator Yates Petroleum Corporation		9. OGRID Number 025575
3. Address of Operator		10. Pool name or Wildcat
105 S. 4 <sup>th</sup> Street, Artesia, NM 88210		Sand Springs; Mississippian
4. Well Location Unit Letter A: 660	feet from the North line and	660 feet from the East line
Section Section Township 10S Range 34E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4227' GR		
Pit or Below-grade Tank Application or Clo		
Pit type Depth to Groundwater	Distance from nearest fresh water well D	istance 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		
PULL OR ALTER-CASING	LUG AND ABANDON 🔲 REMEDIAL WOR	RILLING OPNS. P & A
OTHER:  13. Describe proposed or completed of starting any proposed work).  or recompletion.	operations. (Clearly state all pertinent details, and SEE RULE 1103. For Multiple Completions: A	nd give pertinent dates; including estimated date
6/05/09 Made 5' of new hole @ 8:00 a.r	n. TD = 120'. Notified Sylvia Dickey w/Hobbs I	NMOCD via e-mail.
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I hereby certify that the information above grade tank has been/will be constructed or close	re is true and complete to the best of my knowled daccording to NMOCD guidelines [], a general permit [	ge and belief. I further certify that any pit or below- ] or an (attached) alternative OCD-approved plan [].
SIGNATURE Allis Sasto	TITLE Regulatory Compli	
Type or print name Allison Barton	E-mail address:abarton@ypci	nm.com Telephone No. <u>(575) 748-1471</u>
For State Use Only		111 N 1 0 0000
APPROVED BY:	TITLE PARALIUM E	WGINES DATE
Conditions of Approval (il any):		
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