Office State of New Mexico	Form C-103
Energy, Minerals and Natural Resources	June 19, 2008  WELL API NO.   ✓
1625 N. French Dr., Hobbs, NM 88240 District II	30-025-38476
1301 W. Grand Ave, Artesia, No. 2011 CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 0 4 2009 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe NOBBSOCD  87505	VO-5301
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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)	Strait BLP State
1. Type of Well: Oil Well Gas, Well S 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 South Fourth 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 32 Township 10S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
4227' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	<del>_</del>
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMEN	「JOB □
DOWNHOLE COMMINGLE .	
OTHER OTHER	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	d give pertinent dates including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
Per Sylvia Dickey w/OCD Hobbs:	
7/30/09 Filled hole w/pea gravel.	
8/14/09 Filled last 10' hole w/1 yd Redi-mix cement. WELL IS PLUGGED & ABANDONED.	
Sound Dates	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge.	e and belief.
	e and belief.
I hereby certify that the information above is true and complete to the best of my knowledge	
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE TITLE Regulatory Compliance	Technician DATE 8/31/09
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE TITLE Regulatory Compliance  Type or print name Allison Barton E-mail address: abarton@yatespetroleur	Technician DATE 8/31/09
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE TITLE Regulatory Compliance	Technician DATE 8/31/09
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE TITLE Regulatory Compliance  Type or print name Allison Barton E-mail address: abarton@yatespetroleur	Technician DATE 8/31/09