PlA'd. OK TO TELEASE. MUSS 9/11/2009

| Submit One Copy To Appropriate District Office State of Ne | w Mexico | | Form C-103 |
|--|------------------------|------------------------------|--|
| District I Energy, Minerals and Natural Resources | | | March 18, 2009 |
| 1625 N. Franch Dr. Habba NM 99240 | | WELL API NO. | |
| District II 1301 W Grand Ave, Artesia, NN 8240 CEIVE CONSERVATION DIVISION | | 30-025-38584 | |
| District III 1000 Rio Brazos Rd , Aztec, NM 8748EP 0 8 2009 1220 South St. Francis Dr. Santa Fe, NM 87505 | | 5. Indicate Type of Lease | |
| District IV Santa Fe, NM 8748EP 0 8 2009 Santa Fe, NM 87505 | | STATE X FEE | |
| District IV 1220 S St Francis Dr., Santa Fe, MOBBSOCD 87505 | WI 67505 | 6. State Oil & Gas Lease No | • |
| SUNDRY NOTICES AND REPORTS ON W | FLLS | 7. Lease Name or Unit Agree | ement 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 BLQ State Com | |
| 1. Type of Well: Oil Well Gas Well X Other PA | | 8. Well Number #6 | 7 |
| 2. Name of Operator | | 9. OGRID Number | |
| Yates Petroleum Corporation | | 025575 | 1 |
| 3. Address of Operator | | 10. Pool name or Wildcat | |
| 105 S. 4 th Street, Artesia, NM 88210 | | Wildcat Mississippian | |
| 4. Well Location | | | |
| Unit Letter C: 660 feet from the North line and 2310 feet from the West line | | | |
| Section 29 Township 10S Range 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| Tr. Elovation (Snow Whether Dr., Titeb, Kr., OK, etc.) | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING O | | _ | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | |
| • | | _ | ************************************** |
| OTHER: | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. | | | |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR | | | |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR | | | |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE. | | | |
| The location has been leveled as nearly as negatile to existing enough contour and has been placed of all included in | | | |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. | | | |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed | | | |
| from lease and well location. | | | |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | |
| to be removed.) All other environmental concerns have been addressed as per OCD rules. | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- | | | |
| retrieved flow lines and pipelines. | WILL 19.13.33.10 NMAC. | All fluids have been removed | irom non- |
| Note: This was a rathole fill- PA | | | |
| Note: This was a rathole fill- PA When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| | | | / / |
| SIGNATURE If can fague TITI | LE DRILLIAGE FOR | REMAN DATE 9 | 4/2009 |
| 10 / 18 | | DATE 17 | ,, ,,,,, |
| SIGNATURE SIGNATURE SIGNATURE SIGNATURE For State Use Only E-M | AIL: | PHONE: | |
| APPROVED BY. Maley Arrown TITLE Compliance Officer DATE 9/11/2009 Conditions of Approval (if iny) | | | |
| APPROVED BY. Maley Altrown TITLE Compliance Office DATE 4/11/7009 | | | |
| Conditions of Approval (if any) | | | 1 1 |