Submit 3 Copies To Appropriate District	State of New Me		Form C-103
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>		DITUGION	30-025-39175
1301 W. Grand Ave , Artesia, NM State	1220 South St. Fran	DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd , Aztec, NM 87418	7 0 4 2009 Santa Fe, NM 87		STATE S FEE S
District IV 1220 S. St. Francis Dr. Santa Fe. NM.	U 4 Zuus Santa Fe, Nivi 87	303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	BSOCD		VO-5630
i e	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE"			W: DYGG G
PROPOSALS.)			Kris BNC State Com 8. Well Number
1. Type of Well: Oil Well Gas Well Other			6
2. Name of Operator			9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator			025575
105 South Fourth Street, Artesia, NM 88210			10. Pool name or Wildcat Wildcat; Mississippian
4. Well Location			Wilder, Wississippian
	feet from the North	line and	660 feet from the West line
Section 33	Township 11S Rar	 nge 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
4193' GR			
			•
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			
TEMPORARILY ABANDON			LING OPNS DP AND A
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE			
OTHER.		OTHER.	П
13. Describe proposed or compl	eted operations. (Clearly state all p	ertinent details, and	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.	adi min ann ant WELL IC DI HC	CED 6 ADARDO	NED
8/14/09 Filled last 10' hole w/l yd Redi-mix cement. WELL IS PLUGGED & ABANDONED.			
	<u></u>		
Spud Date:	Rig Release Dat	te:	
		<u> </u>	
I hereby certify that the information a	bove is true and complete to the be-	st of my knowledge	and belief.
SIGNATURE CONTROL TITLE Regulatory Compliance Technician DATE 8/31/09			
111 Logulatory Compilative Technician DATE 8/31/09			
Type or print name Allison Barton E-mail address: <u>abarton@yatespetroleum.com</u> PHONE: (575) 748-4385 .			
For State Use Only			
APPROVED BY: WWW. DIOWY FITLE (OMOVIONCE OF DATE 9/10/2009)			
Conditions of Approval (if any):			
V			