| Submit 3 copies to Appropriate District Office  | State of I  | State of New Mexico                    |  | Form C-103   |  |
|---|---|--|--|--|--|
| DISTRICT I  | Energy, Minerals a                                      | Energy, Minerals and Natural Resources |  | Revised March 25, 1999   |  |
| 1625 N. French Dr., Hobbs NM 88240<br>DISTRICT II   |   |  | WELL API NO.                             |  |  |
| 1301 W. Grand Avenue, Artesia NM 8821   | OIL CONSERVATION DIVISION<br>1220 South St. Francis Dr. |  | 30-025-36564                             |  |  |
| DISTRICT III  1000 Rio Brazos Rd., Aztec NM 87410   |   |  | 5. Indicate Type of Lease                |  |  |
| DISTRICT IV   | Santa Fe, New Mexico 87504-2088                         |  | STATE X FEE 6. State Oil & Gas Lease No. |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM 87  | , Santa Fe, NM 87505                                    |  | VO-5760                                  |  |  |
| 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.)   | AFFLICATION FOR FERMIT (FORM C-1)                       | OT) FOR SOON                           |  |  |  |
| 1. Type of Well:  |   |  | Kris State Unit                          |  |  |
| Oil Well Gas Well X Other   |   |  |  |  |  |
| 2. Name of Operator   |   |  | 8. Well No.                              |  |  |
| Yates Petroleum Corporation   |   |  | 2  |  |  |
| 3. Address of Operator  |   |  | 9. Pool Name or Wildcat                  |  |  |
| 105 South 4th Str., Artesia, NM 88210   |   |  | Mississip                                | pian Lime  |  |
| 4. Well Location  |   |  |  | _  |  |
| Unit Letter P: 12   | 97 feet from the South                                  | line and 927                           | feet from the                            | E line   |  |
| Section 29  | Township 11S Range                                      | 34Е ММРМ                               | County                                   | Lea  |  |
| 1   | 0. Elevation (Show whether DF, RKE                      | 3, RT, GR, etc.)                       |  | CONTRACTOR OF STATE  |  |
| 4193' GR  |   |  |  |  |  |
| 11. Check Appropriate   | Box to Indicate Nature of Notice                        | e, Report, or Other Data               |  |  |  |
| NOTICE OF INTENTION TO: SUBSEQUENT F  |   |  | REPORT OF:                               |  |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | PLUG AND ABANDON REMEDIAL WORK         |  |  |  |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRILLING OPNS.                | PLUG AND ABANDONMENT                     | . 🗂  |  |
| <u>L.</u>   | MULTIPLE  | <u></u>                                | FLOG AND ABANDONMENT                     |  |  |
| PULL OR ALTER CASING  | COMPLETION  | CASING TEST AND CEMENT JOB             | j  |  |  |
| OTHER:  |   | OTHER: Spud and Sui                    | face Casing                              | X  |  |
| 12. Describe proposed or completed operations. (Clearly state all pertinent 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 recompilation.   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| <b>2-14-04</b> Spudded ra   | thole @ 8:00 a.m. Set 40' o                             | f 20" conductor pipe.                  |  |  |  |
|   |   |  |  |  |  |
| 2-16-04 Rig up rotary tools and resumed drilling. TD 17-1/2" hole to 432'. Set 13-3/8" 48# casing @ 432'.   |   |  |  |  |  |
| Cemented w/475 sx Class C w/additives. Cement circulated. WOC 19 hrs 45 min. Reduced hole to 12-1/4"  |   |  |  |  |  |
| and resumed drilling.   |   |  |  |  |  |
|   |   |  | 324                                      | 第19g 5/  |  |
|   |   |  | 23                                       | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |  |
|   |   |  | 121                                      | TT 1 9   |  |
|   |   |  | /2                                       |  |  |
|   |   |  | Co.                                      |  |  |
|   |   |  | - &                                      | Maistare/ga  |  |
| Thereby certify that the information above a true and complete to the best of my knowledge and belief.  |   |  |  |  |  |
| SIGNATURE   | TITLE   | Regulatory Compliance Techni           | ician DATE                               | 2/20/04  |  |
|   |   | regulatory compilation reciti          | DATE                                     | 2/20/04  |  |
|   | tormi Davis   |  | Telephone No.                            | 505-748-1471   |  |
| (This space for State use)  | 1 , 1 ^ 1   | OC FIELD REPRESENTATIVE II/S           | TARRALLE EL                              |  |  |
| APPROVED BY   | my W. Winde TITLE                                       | CEL KEDENIANYE II/S                    | HALL WALPHEELE                           | B 2 5 2004   |  |
| Conditions of approval, if any:   | Λ   |  |  | •  |  |