

Submit 3 copies to Appropriate District

Office

DISTRICT I

1625 N. French Dr., Hobbs NM 88240

DISTRICT II

1301 W. Grand Avenue, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87504-2088

Form C-103

Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-35319
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. VA-1439
3. Address of Operator 105 South 4th Str., Artesia, NM 88210		7. Lease Name or Unit Agreement Name  Nonombre AYT State
4. Well Location Unit Letter <u>F</u> <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>31</u> Township <u>13S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4176' GR		9. Pool Name or Wildcat Undes. Nonombre Atoka Morrow

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Name Change ☒

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.

From: Nonombre State Unit #1

To: Nonombre AYT State #1

Thereby certify that the information above is a true and complete to the best of my knowledge and belief.

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 3/4/03

Type or print name Stormi Davis Telephone No. 505-748-1471

(This space for State use)

APPROVED BY PAUL F. KAUTZ TITLE ORIGINAL SIGNED BY DATE MAR 27 2003  
Conditions of approval, if any: REGULATORY ENGINEER