

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

WELL API NO. 30-025-12712
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-5444
7. Lease Name or Unit Agreement Name Big Hat State Unit
8. Well No. 1
9. Pool Name or Wildcat Wildcat Mississippian

<p>SUNDRY NOTICES AND REPORTS ON WELLS (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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other</p> <p>2. Name of Operator Yates Petroleum Corporation</p> <p>3. Address of Operator 105 South 4th Str., Artesia, NM 88210</p> <p>4. Well Location Unit Letter <u>L/T</u> <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>2</u> Township <u>16S</u> Range <u>33E</u> NMPM County <u>Lea</u></p> <p>10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4216' GR</p>	
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

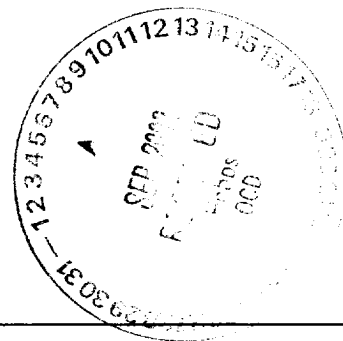
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
 OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER: Re-Entry Operations & Production Casing ☒

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 recompletion.

6-30-02 Spudded well. Drilled cement and cleaned out well to 13470'. Reached TD 8-24-02. Ran 5-1/2" 17# and 20# casing set @ 13470'. Cemented w/1760 sx Poz H w/additives. Tailed in w/360 sx Super Mod H w/additives. Calc TOC @ 4000'.



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

SIGNATURE Stormi Davis TITLE Regulatory Compliance Technician DATE 9/4/02

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

(This space for State use)

APPROVED BY _____ TITLE Regulatory Compliance Technician DATE 9/4/02

Conditions of approval, if any:

STAFF MANAGER

SEP 11 2002