

Submit 2 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, 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, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO.

30-025-34443

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

RUNNELS ASP

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.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 SOUTH 4TH STREET, ARTESIA, N.M. 88210

8. Well No.

2

9. Pool name or Wildcat

SHOE BAR STRAWN, NORTH

4. Well Location

Unit Letter J : 1650 feet from the SOUTH line and 2270 feet from the EAST line

Section 11

Township 16S

Range 35E

NMPM

LEA

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 DISCONNECT PIPELINE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING  
CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND  
ABANDONMENT ☐

CASING TEST AND  
CEMENT JOB ☐

OTHER: ☐

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.

BP Pipeline will be disconnecting the pipeline system effective April 1, 2003. Oil sales will be trucked

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

SIGNATURE Michelle Taylor TITLE REGULATORY COMPLIANCE MGR DATE MARCH 13, 2003

Type or print name MICHELLE TAYLOR

Telephone No. 505-748-1471

(This space for State use)

MARY W WINK

STATE REPRESENTATIVE II/STAFF MANAGER

APPROVED BY

TITLE

MAR 19 2003

Conditions of approval, if any: