

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

WELL API NO.	30-025-31694
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-2443
7. Lease Name or Unit Agreement Name	Lotus ALT State
8. Well No.	2
9. Pool Name or Wildcat	SE Livingston Ridge Delaware

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 Str., Artesia, NM 88210

4. Well Location  
Unit Letter G : 1980 feet from the North line and 1980 feet from the East line  
Section 32 Township 22S Range 32E NMPM County Lea

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3538' GR

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: ☐

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.

Propose to add Delaware perforations 6716-7186' (30 holes), acidize, and frac.

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

SIGNATURE Stormi Davis

TITLE Regulatory Compliance Technician

DATE 1/23/03

Type or print name Stormi Davis

Telephone No. 505-748-1471

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE JAN 28 2003