

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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|---|
| WELL API NO.<br>30-025-26766  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>V-3959  |
| 7. Lease Name or Unit Agreement No.<br>Quay AQU State   |
| 8. Well No.<br>1  |
| 9. Pool name or Wildcat<br>Und. North Bell Lake Wolfcamp  |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER   | 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3590.6' GR |
| 2. Name of Operator<br>YATES PETROLEUM CORPORATION   |  |
| 3. Address of Operator<br>105 South 4th St., Artesia, NM 88210   |  |
| 4. Well Location<br>Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line<br>Section 10 Township 23S Range 33E NMPM Lea County |  |

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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

4-2-97 - Swabbing.  
4-3-97 - Swabbed. Shut well in.  
4-4-97 - Bled well down. Swabbed. Shut well in.  
4-5-97 - Bled well down. Swabbed. Shut well in.  
4-6-97 - Bled well down. Swabbed. Shut well in.  
4-7-97 - Shut in.  
4-8-97 - Bled well down. Swabbed. Shut well in. Rigged down swab unit and released rental equipment.

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

SIGNATURE Rusty Klein TITLE Operations Technician DATE April 9, 1997  
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-14

(This space for State Use) ORIGINAL STORED IN THE OFFICE OF THE

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: