Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources 625 N. French Dr., Hobbs, NM 88240		esources	Revised August 1, 2011 LL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		N 1 N	hdicate Type of Lease	
District III - (505) 334-6178 1220 South St. Francis Dr.)r. [3. 11	STATE FEE	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. S	tate Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			ease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			oara Vell Number	
1. Type of Well: Oil Well Gas Well Other		17	OCDUD N I	
2. Name of Operator Yates Petroleum Corporation		0255	9. OGRID Number 025575	
3. Address of Operator 105 South Fourth Street, Artesia NM 88210			10. Pool name or Wildcat N. Seven Rivers; Glorieta-Yeso	
105 South Fourth Street, Artesia, NM 88210 4. Well Location			even Rivers; Giorieta- i eso	
Unit Letter K : 1650 feet from the South line and 1650 feet from the West line				
Section 17 Township 19S Range 25E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3534'GR				
10 (1 1 4		CM / D	4 OIL D.4	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A				
PULL OR ALTER CASING	MULTIPLE COMPL	ING/CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER:	ОТН	ER: Name change		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
Former Wellname: Barbara #17				
New Wellname: Roy AET #7		RE	CEIVED	
Effective 7/13		1		
SEP 27 2013				
		NMO	CD ARTESIA	
0.15				
Spud Date:	Rig Release Date:		·	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Charle	TITLE Regulatory	Reporting Supervis	sor DATE September 25, 2013	
Type or print name Tina Huer	ta E-mail address: tinah@y	atespetroleum.com	PHONE: <u>575-748-4168</u>	
For State Use Only				
APPROVED BY: HOUSE	ol TITLE DIST Z	Syperison	DATE 9/39/3	
Conditions of Approval (if any):		•	' (