Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	Energy, minerals and mattain resources		WELL API NO.
<u>District II</u> – (575) 748-1283			30-015-36070
811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease
	District III – (505) 334-6178 1220 South St. Francis Dr.		STATE STATE STATE
District IV – (505) 476-3460	000 Rio Brazos Rd., Aztec, NM 87410 istrict IV = (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
220 S. St. Francis Dr., Santa Fe, NM		VO-7523	
87505	-		V O = 7525
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Thurman Draw Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other			1H
2. Name of Operator		9. OGRID Number	
Yates Petroleum Corporation		025575	
3. Address of Operator		10. Pool name or Wildcat	
105 South Fourth Street, Artesia, NM 88210		Wildcat; Bone Spring (Gas)	
4. Well Location			
Unit Letter C: 1200 feet from the North line and 1850 feet from the West line			
Section 16 Township 26S Range 23E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
4341'GR			
12 Check A	appropriate Box to Indicate Na	ature of Notice	Report or Other Data
12. Check 1	appropriate Box to marcate 14	<i>ataro or riotico</i> ,	Report of Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			
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· =			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB 📙
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM	_		_
OTHER:		OTHER: Name of	
			d give pertinent dates, including estimated date
		C. For Multiple Cor	mpletions: Attach wellbore diagram of
proposed completion or reco	ompletion.		
Former Wellname: Thurman Draw U	Jnit #1H		
New Wellname: Thurman Draw State Com #1H			
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RECEIVED			
			NOV 2 2 2012
			22 2013
			MMOCD ARTESIA
			ARIESIAI
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Canal Data	Die Deleser Der		
Spud Date:	Rig Release Da	te:	
		<u> </u>	
I hereby certify that the information a	bove is true and complete to the be	st of my knowledge	e and belief.
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2 A: 1	l l		
SIGNATURE ( )	TITLE Regu	latory Reporting St	upervisor DATE November 21, 2013
J. J	THEE REGU	mory reporting of	DATE HOVEHUCI 21, 2013
Type or print name Tina Huer	ta E-mail address: tin	ah@yatespetroleun	n com PHONE: 575 748 4168
For State Use Only	L-man address. un	antegyatespetroreun	n.com PHONE: 575-748-4168
Por State Use Only	1		
APPROVED BY:	//	- (1) m.	1.1
SECOND LIVELIES Y / / /// Y // ///	U TITE $IX$	V H. 1111.1	/}(/ DATE 11/1/ NA (2
Conditions of Approval (if any):	$\psi$ TITLE $\omega$	THE POW	DATE 11/26/2013