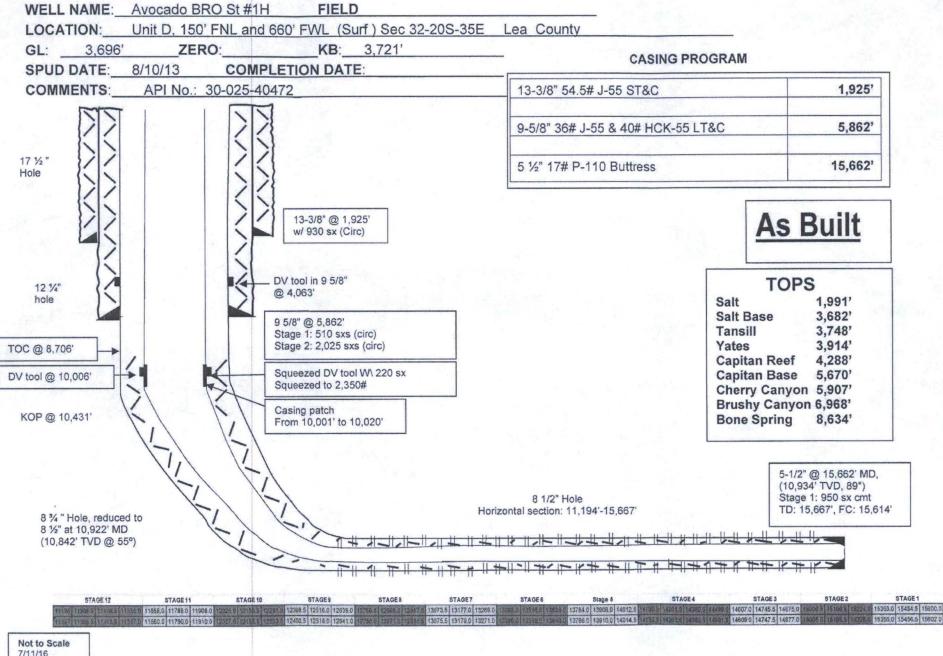
Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
Submit 1 Copy To Appropriate District  Office  District I – (575) 393-6161  1625 N. French Dr., Hobbs, NM88240  District II – (575) 748-1283	Revised July 18, 2013  WELL API NO. 30-025-40472
811 S. First St., Artesia, NM 88210 JUL 18 2011 CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM ECEIVED Santa Fe, NM 87505 87505	6. State Oil & Gas Lease No. VB-1646
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Avocado BRO State/
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well ☐ Gas Well ☐ Other	1H
2. Name of Operator Yates Petroleum Corporation	9. OGRID Number 025575
3. Address of Operator	10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Berry; Bone Spring, North
4. Well Location Unit Letter D : 150 feet from the North line and Unit Letter D 458 feet from the North line and	660 feet from the West line line
Section 32 Township 20S Range 35E	NMPM <u>Lea</u> County
Section 29 Township 20S Range 35E	NMPM <u>Lea</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,696' GR	
3,070 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL W	ORK ALTERING CASING DRILLING OPNS. P AND A DRILLING OPNS. And give pertinent dates, including estimated date Completions: Attach wellbore diagram of as follows:
casing. After the casing has been repaired TIH with the production equipment 5. Turn the well over to the production department.	
Schematic attached	
Spud Date: 8/10/13 Rig Release Date:	9/22/13
I hereby certify that the information above is true and complete to the best of my knowle	edge and belief.
SIGNATURE Jana Watta TITLE Advanced Regulator	ry Reporting Analyst DATE July 13, 2016
Type or print name Laura Watts E-mail address: laura@yatespetro	PHONE:
APPROVED BY: Maley Shown FITLE Dist. Sup Conditions of Approval (if any):	Dewison DATE 7/18/2016



7/11/16 MMFH/Hill