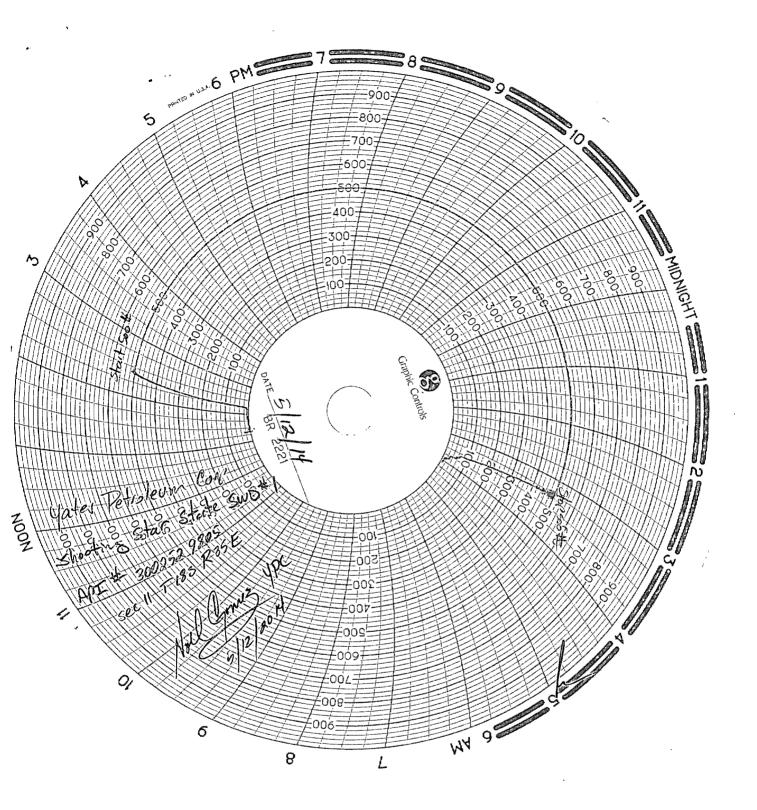
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I (575) 303 6161	rgy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-29805
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	L CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178	201220 South St. Francis Dr.	STATE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 MAT 2 – District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	/ED	LG-2944
87505 RECEN		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO D		Shooting Star State SWD
DIFFERENT RESERVOIR. USE "APPLICATION FO	R PERMIT" (FORM C-101) FOR SUCH	8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	Other SWD	V 1
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		025575
V 3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210)	✓ SWD; Bone Spring
4. Well Location		
Unit Letter J : 1650 f	eet from the <u>South</u> line and	2310 feet from the <u>East</u> line
Section 11 T	ownship 18S Range 35E	NMPM Lea County
11. Ele	vation (Show whether DR, RKB, RT, GR, e	tc.)
	3891'GR	
12. Check Appropri	ate Box to Indicate Nature of Notic	e, Report or Other Data
		IBSEQUENT REPORT OF:
	AND ABANDON	
	—	PRILLING OPNS. P AND A
OTHER:	OTHER: MIT	
13. Describe proposed or completed oper	ations. (Clearly state all pertinent details,	and give pertinent dates, including estimated date
of starting any proposed work). SEE proposed completion or recompletior	RULE 19.15.7.14 NMAC. For Multiple C	completions: Attach wellbore diagram of
proposed completion of recompletion	1.	
5/9/14 - NU BOP. Set packer and tested to 5	00 psi, all good. Circulated 170 bbls packe	er fluid and latched on to packer, re-tested to 500
psi for 30 min, held good.		
5/12/14 - Tested to 500 psi, held good. Arrowset-1 10K packer with on/off tool at 6849'. 2-7/8" 6.5# L-80 tubing at 6856'. Contacted		
Maxey Brown, no witness. Copy of chart attached.		
r		
Spud Date:	Rig Release Date:	
	·	
I hereby certify that the information above is t	rue and complete to the best of my knowle	dge and belief.
signature Charlens	TITLE <u>Regulatory Reporting</u>	<u>Supervisor</u> DATE <u>May 20, 2014</u>
Tune or print percessory Time II	E mail address tinch Quetage time	DUONE: 575 740 4120
Type or print name <u>Tina Huerta</u>	E-mail address: <u>tinah@yatespetrole</u>	eum.com PHONE:575-748-4168
APPROVED BY:	2mal TITLE Staff Man	1099 DATE 5/23/2014
Conditions of Approval (if any):		-, <u> </u>

Conditions of Approval (if any):

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MAY 2 7 2014

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