Submit 1 Copy To Appropriate District	State of New	Mexico		Form C-103
Office	Energy, Minerals and N		R	evised July 18, 2013
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-42205	-
811 S. First St., Artesia, NM 88210	OIL CONSERVATI		5. Indicate Type of Lease	<u>,</u>
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. I			FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM	1 87505	6. State Oil & Gas Lease	No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1760	
	CES AND REPORTS ON WE		7. Lease Name or Unit A	greement Name
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC.	ALS TO DRILL OR TO DEEPEN OF ATION FOR PERMIT" (FORM C-10	I) FORSPORN	Truss BVT State	-
PROPOSALS.)			8. Well Number	
<ol> <li>Type of Well: Oil Well 2.</li> <li>Name of Operator</li> </ol>	Gas Well Other	FEB 0 4 2015	9. OGRID Number	
Yates Petroleum Corporation	1		025575	
3. Address of Operator	<b>/</b>		10. Pool name or Wildca	
105 South Fourth Street, Artesia, NI	M 88210	RECEIVED	Rock Lake; Bone Sprin	g
4. Well Location				
		outh line and	1980 feet from the 1980 feet from the	East line East line
				i
Section 29	Township 22S 11. Elevation (Show whether	Range 35E DR RKB RT GR etc		County
	1	536' GR		
12 Check A	ppropriate Box to Indicat	e Nature of Notice	Penart or Other Data	
12. Check A	ppropriate Box to indicat		, Report of Other Data	
NOTICE OF IN			SEQUENT REPORT	
		REMEDIAL WOR		
	CHANGE PLANS			A L
PULL OR ALTER CASING   I     DOWNHOLE COMMINGLE   I	MULTIPLE COMPL	CASING/CEMEN		
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: 5' new		
13. Describe proposed or complete of starting any proposed wor	rk). SEE RULE 19.15.7.14 NM			
proposed completion or reco			inpletions. Traden wendere	diagram of
1/30/15 – Made 5' new hole. TD 30'	Hole size 20"			
1/30/13 – Made 5 New Note: 1D 50	. 11010 5120 20 .			
Note: 102-202 ashert with looking h	id installed on $12/5/14$		·	
Note: 10'x30" culvert with locking l	u instanteu oli 12/3/14.			
· · · · · · · · · · · · · · · · · · ·		[		
Spud Date: 10/30/14	Rig Release	e Date:		
	]			
I hereby certify that the information a	bove is true and complete to the	he best of my knowledg	ge and belief.	
1				
SIGNATURE / Anna /	Vatto TITLE _	Regulatory Reporting	<u> rechnician</u> DATE <u>Febr</u>	uary 2, 2015
Type or print name/ Laura Wa For State Use Only	tts E-mail address:	laura@yatespetroleu	<u>im.com</u> PHONE: <u>5</u>	75-748-4272
Accepted	for Record Only			
APPROVED BY:			DATE	
Conditions of Approval (if any):				
			EFn /	
			reb (	5 2015

FEB	0	5	201	15
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