| Submit 1 Copy To Appropriate District Office | | ew Mexico | Form C-103 | | |
|---|--|---|------------------------------------|-------------------------|--|
| District I – (575) 393-6161 | Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION | | Revised July 18, 2013 WELL API NO. | | |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | | | 30-025-42444 | | |
| 811 S. First St., Artesia, NM 88210 | | | 5. Indicate Type of Lea | se | |
| District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE S FEE | | |
| <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | VB-1827 | VB-1827 | |
| 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | Boysenberry BVZ State / | |
| PROPOSALS.) | | | 8. Well Number | | |
| 1. Type of Well: Oil Well 🛛 | Gas Well Other | li il de la companya | 1H | | |
| 2. Name of Operator | į. | APR 0 6 2015 | 9. OGRID Number 025575 | | |
| Yates Petroleum Corporation 3. Address of Operator | | MINO | 10. Pool name or Wildo | rat . | |
| 105 South Fourth Street, Artesia, | NM 88210 | | Pearl; Bone Spring, So | | |
| 4. Well Location | | <u> </u> | | | |
| Unit Letter D : | 200 feet from the | North line and | 760 feet from the | West line | |
| Unit Letter M | 330 feet from the | South line and | 900 feet from the | West line | |
| Section 2 | Township 205 | · — | NMPM Lea | County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| 3,685° GR | | | | | |
| | | | | | |
| 12. Check | Appropriate Box to Indi | cate Nature of Notice | , Report or Other Data | | |
| NOTICE OF INTENTION TO | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A | | | | | |
| PULL OR ALTER CASING | | ☐ COMMENCE DF ☐ CASING/CEMEN | | DA LI | |
| DOWNHOLE COMMINGLE | | LI CASING/CEIMEI | AL JOB | | |
| CLOSED-LOOP SYSTEM | | | | | |
| OTHER: | | ☐ OTHER: Sp | oud | \boxtimes | |
| 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. | | | | | |
| | | | | | |
| | | | | | |
| 3/30/15 - Spudded 10" hole with rathole service at 9:30 am. TD 5'. | | | | | |
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| | • | | | | |
| | | | | | |
| 2/20/1 | | | | | |
| Spud Date: 3/30/1: | Rig Re | lease Date: | | | |
| L | | | | | |
| | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
| f. | | | | | |
| SIGNATURE Jours / Latter TITLE Regulatory Reporting Technician DATE April 1, 2015 | | | | | |
| TITLE Regulatory Reporting Technician DATE April 1, 2015 | | | | | |
| Type or print name Laura V | Vatts E-mail addre | ess: <u>laura@yatespetrole</u> | um.com PHONE: | 575-748-4272 | |
| For State Use Only | | | | | |
| Accepted for Record Only | | | | | |
| APPROVED BY: Conditions of Approval (if any): | TITLE | | DATE | | |
| A ADDITION OF WODEOVALED SOLVE | | | | | |