| Office | State of New | | | orm C-103 |
|--|-------------------------------------|------------------------|--|----------------|
| District I – (575) 393-6161 | Energy, Minerals and N | Natural Resources | | July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | ON DIVISION | 30-025-41743 | |
| District III – (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease | _ |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM | | STATE FEE | |
| <u>District IV</u> – (505) 476-3460 | Sama re, niv | 1 0 / 3 0 3 | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | VB-1634 | |
| | TICES AND REPORTS ON WE | LLS | 7. Lease Name or Unit Agreen | nent Name |
| (DO NOT USE THIS FORM FOR PROP | | | Tomato BVO State | |
| DIFFERENT RESERVOIR. USE "APPL | LICATION FOR PERMIT" (FORM C-10 | | 8. Well Number | / |
| PROPOSALS.) | Car Wall Code | HOBBSOCD | 1H | , |
| 1. Type of Well: Oil Well | Gas Well Other | ago (CD) | | |
| 2. Name of Operator | | ADD = - | 9. OGRID Number 025575 | |
| Yates Petroleum Corporation 3. Address of Operator | | APR 1 2 2015 | 10. Pool name or Wildcat | |
| 105 South Fourth Street, Artesia, | NIM 88210 | | Featherstone; Bone Spring | |
| | 10101 88210 | DECEN | reatherstone, Bone Spring | |
| 4. Well Location | | RECEIVED | | |
| Unit Letter P : | | outh line and | 660 feet from the Ea | |
| Unit Letter I | 2310 feet from the S | outh line and | 660 feet from the Ea | st line |
| Section 16 | Township 20S | Range 35E | NMPM Lea Count | ty 🖊 |
| | 11. Elevation (Show whether | | | |
| And the second s | | 716' GR | | |
| | | | No. 18 ACMA SCHOOL STATE OF THE CONTRACT OF TH | |
| 12 Check | Appropriate Box to Indicat | e Nature of Notice | Report or Other Data | |
| 12. Check | Appropriate Box to maleat | e mature of motice, | report of other Butt | |
| NOTICE OF I | NTENTION TO: | SUB | SEQUENT REPORT OF | : |
| PERFORM REMEDIAL WORK | | REMEDIAL WOR | | |
| TEMPORARILY ABANDON | | COMMENCE DR | - | |
| PULL OR ALTER CASING | | CASING/CEMEN | <u></u> | _ |
| DOWNHOLE COMMINGLE | - | O/ (O// O/O/CIVIE) | | |
| CLOSED-LOOP SYSTEM | | | | |
| OTHER: | , | OTHER: 5' nev | v hole | M |
| | npleted operations. (Clearly state | | | estimated date |
| | work). SEE RULE 19.15.7.14 NM | | | |
| proposed completion or re | | | mprovious rauman noticers and | |
| proposed completion of re | , compression | | | |
| | | | | |
| 4/6/15 - Made 5' new hole. TD 10 | 05'. Hole size 20". | | | |
| | | | | |
| | | | | |
| | | | | |
| Note: 30" culvert with locking de- | vice was installed on 5/5/14. | | | |
| | | | | |
| | | | | |
| | | | | |
| Smud Data: 3/28/ | 14 | _ | | |
| Spud Date: 3/28/ | Rig Releas | e Date: | | |
| <u>.</u> | | | | |
| | _ | | | |
| I hereby certify that the informatio | n above is true and complete to the | he best of my knowledg | ge and belief. | |
| | 1 | | | |
| 1 | | | | |
| | | | | |
| SIGNATURE / COLUNG / | Vatta TITLE | Regulatory Reporting T | Cechnician DATE April 9, 20 | <u>)15</u> |
| / / 1 | Vatta TITLE | | | |
| / / 1 | Watts E-mail address: | | | |
| / / 1 | | | | |
| Type or print name Laura V For State Use Only | Watts E-mail address: | laura@yatespetroleur | m.com PHONE: <u>575-74</u> | |
| Type or print name Laura \ | Watts E-mail address: | laura@yatespetroleur | m.com PHONE: <u>575-74</u> | |