Submit 1 Copy To Appropriate District	State of Ma	Movies		Earra C 102
Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, minerals an		WELL API NO.	
District II – (575) 748-1283 11 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-42445	-	
<u>District III</u> - (505) 334-6178	<sup>78</sup> 1220 South St. Francis Dr.		5. Indicate Type of Le STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460			6. State Oil & Gas Le	
1220 S. St. Francis Dr., Santa Fe, NM 87505			VO-8714	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Uni	
(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			Lychee BWS State	Com -
PROPOSALS.)		HOBBSOCD	8. Well Number 1H	
1. Type of Well: Oil Well2. Name of Operator	Gas Well Other		9. OGRID Number	
Yates Petroleum Corporation		MAY 1 1 2015	025575	
3. Address of Operator			10. Pool name or Wild	
105 South Fourth Street, Artesia,	NM 88210	RECEIVED	Berry; Bone Spring,	South
4. Well Location Unit Letter O :	200 foot from the		1980 feet from the	East line
Unit Letter <u>O</u> : Unit Letter J	200 feet from the 2310 feet from the	South line and South line and	$\frac{1980}{1980} \qquad \text{feet from the} \\ feet from th$	East line East line
Section <u>22</u>	Township <u>21S</u>		NMPM Lea	County
Section 15	Township 21S		NMPM Lea	County
	11. Elevation (Show wheth		etc.)	
	/ 🔆 / ; m	3,684' GR		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or com	CHANGE PLANS [ MULTIPLE COMPL [ pleted operations. (Clearly st ork). SEE RULE 19.15.7.14 completion.	REMEDIAL W         COMMENCE I         CASING/CEM         OTHER:         ate all pertinent details,	DRILLING OPNS. P A ENT JOB <u>5' new hole</u> and give pertinent dates, in	ERING CASING  ND A
Spud Date: 3/30/		ease Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE <u>Aura</u> <u>Matta</u> TITLE <u>Regulatory Reporting Technician</u> DATE <u>May 7, 2015</u> Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleum.com</u> PHONE: <u>575-748-4272</u>				
For State Use Only				
APPROVED BY: <b>Accepted</b> Conditions of Approval (if any):	for Record Only <sub>ILE</sub>		DATE_	

MAY 1 1 2015

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