Submit 1 Copy To Appropriate District Office <u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			Form C-103 Revised July 18, 2013 WELL API NO. 30-025-39713 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. VO-7380			
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CES AND REPORTS ON W SALS TO DRILL OR TO DEEPEN CATION FOR PERMIT" (FORM C Gas Well  Other	I OR PLUG -101) <b>HOB</b>	васк то а 85'0CD 1 3 2015	Yel 8. Wel 1H	e Name or Unit low Raider BPV l Number RID Number		Jame
Yates Petroleum Corporation     JOL 19 COL       3. Address of Operator     105 South Fourth Street, Artesia, NM 88210     RECEIVED				025575 10. Pool name or Wildcat Red Hills; Bone Spring East			
	660feet from the660feet from theTownship24S11. Elevation (Show wheth		KB, RT, GR, etc.,	330 330 NMPM	feet from the feet from the Lea	East West County	line line
12. Check A NOTICE OF IN PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐	Appropriate Box to Indic TENTION TO: PLUG AND ABANDON [ CHANGE PLANS [			SEQUE K		RT OF: ERING CASIN	IG □

NOTE: Conductor with locking cap was set 3/2/11. Based on surface waters map the estimated top of fresh water is 200'. At present, water has been recorded in this wellbore at 165'.

 $\square$ 

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

CASING/CEMENT JOB

5' new hole

OTHER:

 $\boxtimes$ 

proposed completion or recompletion.

7/6/15 – Made 5' new hole, TD 515'. Hole size 11".

PULL OR ALTER CASING

DOWNHOLE COMMINGLE

CLOSED-LOOP SYSTEM

OTHER:

MULTIPLE COMPL

Spud Date:	4/1/10	Rig Release Date						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE_ Type or print t For State Use	ame Laura Watts		atory Reporting Technician	_ DATE July 9, 2015 PHONE:575-748-4272				
APPROVED E	Accepted for Rec	ord Only		DATE				
Conditions of A	Approval (if any):							

JUL 1 3 2015