Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised 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 DIVISION	30-025-42733 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE STEE
1000 Rio Brazos Rd., Aztec, NM 87410 <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		VB-1917
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Wildhog BWX State Com
PROPOSALS.) 1. Type of Well: Oil Well		8. Well Number 1H
2. Name of Operator	Gas well Guide	9. OGRID Number
Yates Petroleum Corporation	Gas Well Other JAN 3 2016	025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Wildcat; Lower Bone Spring
4. Well Location		
Unit Letter C : -	200 feet from the North line and South line and	1980 feet from the West line West line
Section 20	Township 26S Range 36E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
2,943' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER: 5	new hole
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.		
1/8/16 – Made 5' new hole. TD 40'. Hole size 20".		
Note: 30" culvert with locking lid installed on 10/26/15.		
Spud Date: 9/1/15	Rig Release Date:	
		J 11
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE A CONTRACTOR	1 Atta TITLE Pagulatory Paparting	Technician DATE January 11, 2016
SIGNATURE (LOVE)	TITLE Regulatory Reporting	DATE January 11, 2010
Type or print name/Laura V	Watts E-mail address: laura@yatespetroleu	m.com PHONE: <u>575-748-4272</u>
For State Use Only		
APPROVED BY: Accepted	for Record Only	D. A. M.D.
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE

