Office		State of New Mexico	Porm C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, <u>District II</u> – (575) 748-1283	NM 88240	gy, Minerals and Natural Resources CONSERVATION DIVISION	Revised July 18, 2013 WELL API NO. 30-025-42744
811 S. First St., Artesia, NM District III – (505) 334-6178	00210	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, <u>District IV</u> – (505) 476-3460	NM 87410	STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Sant 87505		VB-1915	
	DRY NOTICES AND	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			Prizehog BWZ State Com  8. Well Number
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other			1H
2. Name of Operator		9. OGRID Number	
Yates Petroleum Corporation  3. Address of Operator  105 South Fourth Street Artesis NM 88210			025575 10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210			Wildcat; Lower Bone Spring
4. Well Location Unit Letter	: 330 fee	et from the North line and	1650 feet from the West line
		et from the South line and	1750 feet from the West line
Section		wnship 26S Range 36E	NMPM Lea County
	11. Eleva	ation (Show whether DR, RKB, RT, GR, 2,958' GR	etc.)
		2,950 GR	
12	. Check Appropriat	te Box to Indicate Nature of Notice	ce, Report or Other Data
NOTI	CE OF INTENTIO	N TO:   SI	UBSEQUENT REPORT OF:
PERFORM REMEDIAL	WORK PLUG AN	ND ABANDON  REMEDIAL W	ORK ☐ ALTERING CASING ☐
TEMPORARILY ABAN		E PLANS COMMENCE COMMENCE CASING/CEM	DRILLING OPNS. P AND A
PULL OR ALTER CAS DOWNHOLE COMMIN	The state of the s	E COMPL GASING/CEM	ALL DEGINE DATE AND STATE AND STATE OF
CLOSED-LOOP SYST			
OTHER:	sed or completed operat	OTHER:	5' new hole Square and give pertinent dates, including estimated date
			Completions: Attach wellbore diagram of
proposed comp	letion or recompletion.		
1/8/16 – Made 5' new h	ole. TD 40'. Hole size	20".	
Note: 30" culvert with	ocking lid installed on l	10/26/15.	
Spud Date:	9/1/15	Rig Release Date:	
I hereby certify that the	information above is tru	e and complete to the best of my knowle	edge and belief.
CHES.			3,000,000
SIGNATURE au	ne hat	TITLE Regulatory Reportin	g Technician DATE January 11, 2016
Type or print name	Laura Watts	E-mail address: laura@yatespetro	leum.com PHONE: <u>575-748-4272</u>
For State Use Only	Spage Control		To volent overe D
APPROVED BY:	Accepted for I	Record Only TITLE	DATE
Conditions of Approval			



