Submit 1 Copy To Appropriate District Office	State of fiew Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-42477 5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. VB-1881
(DO NOT USE THIS FORM FOR PRO	OTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DS PLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Collabash BWC State
PROPOSALS.) 1. Type of Well: Oil Well		8. Well Number 2016 IH
2. Name of Operator	RECEIVED	9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator		025575 10. Pool name or Wildcat
105 South Fourth Street, Artesi	a, NM 88210	Wildcat; Bone Spring
4. Well Location Unit Letter D : Unit Letter M	200 feet from the North line and 230 feet from the South line and	660feet from theWestline660feet from theWestline
Section 31	Township 21S Range 34E 11. Elevation (Show whether DR, RKB, RT, GR, State) 34E 34E 34E	NMPM Lea County
	3,589' GR	
12 Chas	le Ammendiate Deute Indiante Mature of Mati	Borrort on Other Data
	k Appropriate Box to Indicate Nature of Notic	
NOTICE OF PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		DRILLING OPNS. PAND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEM	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	TUCK SOD WAYS	- Tertahirin - PATE - January 25, 2015
OTHER:		5' new hole
	ompleted operations. (Clearly state all pertinent details, I work). SEE RULE 19.15.7.14 NMAC. For Multiple recompletion.	
1/22/16 - Made 25' new hole. TD 80'. Hole size 20".		
1/22/10 - Wade 25 new note. 11		
Note: 30" culvert with locking r	ing installed on 10/2/15.	
Sec. 1 Data 7/1/2	15	
Spud Date:	Rig Release Date:	
		roundaries sonoreacted to articles
I hereby certify that the informat	ion above is true and complete to the best of my knowle	edge and belief.
OTHER:		
SIGNATURE COMPA	Matta TITLE Regulatory Reportin	g Technician DATE January 25, 2016
Type or print name Laura	Watts E-mail address: <u>laura@yatespetro</u>	leum.com PHONE:575-748-4272
For State Use Only		
	ed for Record Only	DATE
Conditions of Approval (if any):		

JAN 2 9 2016