

State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised July 18, 2013**HOBBS OCD**

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

MAY 17 2016

RECEIVEDWELL API NO.
30-025-40472

5. Indicate Type of Lease

STATE ☒ FEE ☐6. State Oil & Gas Lease No.
VB-16467. Lease Name or Unit Agreement Name
Avocado BRO State

8. Well Number

1H

9. OGRID Number

025575

10. Pool name or Wildcat

Berry; Bone Spring, North

SUNDRY NOTICES AND REPORTS ON WELLS

(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 PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, NM 88210

4. Well Location

Unit Letter	D	:	150	feet from the	North	line and	660	feet from the	West	line
Unit Letter	D	:	458	feet from the	North	line and	665	feet from the	West	line
Section	32			Township	20S	Range	35E	NMPM	Lea	County
Section	29			Township	20S	Range	35E	NMPM	Lea	County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3,696' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: Pulled packer & reset tubing ☒

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.

5/4/16 - NU BOP. Released packer and TOO H with packer and tubing.

5/8/16 - Reset 2-7/8" 6.50# L-80 tubing at 10,319'.

Spud Date:

8/10/13

Rig Release Date:

9/22/13

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Laura Watts

TITLE

Regulatory Reporting Technician

DATE

May 13, 2016

Type or print name

Laura Watts

E-mail address:

laura@yatespetroleum.com

PHONE:

575-748-4272

For State Use Only

Accepted for Record Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

MSB 5/18/2016