Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
	Energy, Minerals and Natural Resources	Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OCD	WELL API NO.
off 5. Phst St., Artesia, Nivi quello		30-025-42744 5. Indicate Type of Lease
District III – (505) 334-6178	2016 1220 South St. Francis Dr.	STATE STATE FEE
District IV _ (505) 476-3460	Santa Fe. NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	IVED	VB-1915
87505	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Prizehog BWZ State Com
DIFFERENT RESERVOIR. USE "APPLICATI		8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well Gas	Well Other	1H
2. Name of Operator	s well Other	9. OGRID Number
Yates Petroleum Corporation		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: 330	feet from the North line and	1650 feet from the West line
Unit Letter N 330	feet from the South line and	1750 feet from the West line
Section 19	Township 26S Range 36E	NMPM Lea County
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
	2,958' GR	
12. Check App	ropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INTE	NITION TO	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
		RILLING OPNS. P AND A
	ULTIPLE COMPL CASING/CEMEN	NI JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	5' new hole
	d operations. (Clearly state all pertinent details, an	
	SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or recomp		
5/16/16 No. 1 51 1 1 TD 751 II	1.1 202	
5/16/16 – Made 5' new hole. TD 75'. Hole size 20".		
Note: 30" culvert with locking lid instal	led on 10/26/15.	
Spud Date: 9/1/15	Rig Release Date:	
Spud Date.	Rig Release Date.	
I hereby certify that the information above	we is true and complete to the best of my knowledge	ge and helief
Thereby certify that the information above	ve is true and complete to the best of my knowledge	ge and benef.
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SIGNATURE CUSTA	TITLE Regulatory Reporting	Technician DATE May 17, 2016
CI Civilla Company Civil		
Type or print hame Laura Watts	E-mail address: <u>laura@yatespetroleu</u>	<u>um.com</u> PHONE: <u>575-748-4272</u>
For State Use Only		
ADDDOVED DV.	Accepted for Record Only	DATE
APPROVED BY: Conditions of Approval (if any):	01	DATE
conditions of Approval (it any).	MARYOUN	
	MUDJOCD 5/24/2016	
	512412016	