Submit 1 Copy To Appropriate District	ate of New Mexico	Form C	
Office District II – (575) 393-6161 HOBBS Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District III – (575) 748-1283 811 S. First St., Artesia, NM 88210 SEP 2 6 2016L CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 RECEIV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 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		Revised July 18 WELL API NO.	, 2013
		30-025-42733 5. Indicate Type of Lease	
		STATE FEE 6. State Oil & Gas Lease No. VB-1917	
		7. Lease Name or Unit Agreement Na Wildhog BWX State Com	ime
		8. Well Number 1H	-
2. Name of Operator Yates Petroleum Corporation		9. OGRID Number 025575	-
 Address of Operator South Fourth Street, Artesia, NM 88210 		10. Pool name or Wildcat Wildcat; Lower Bone Spring	
4. Well Location Unit Letter C : 200 feet from Unit Letter N 330 feet from	the South line and	1980feet from theWest1980feet from theWest	line line
Section 20 Township 11. Elevation (S)	26S Range 36E how whether DR, RKB, RT, GR, etc	NMPM Lea County	
	2,943' GR		
12. Check Appropriate Box NOTICE OF INTENTION TO	to Indicate Nature of Notice	Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABA TEMPORARILY ABANDON CHANGE PLAN PULL OR ALTER CASING MULTIPLE COM DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:	NDON C REMEDIAL WOR S COMMENCE DR IPL CASING/CEMEN	RK	
13. Describe proposed or completed operations. (of starting any proposed work). SEE RULE 1 proposed completion or recompletion.	Clearly state all pertinent details, an	d give pertinent dates, including estimate	
9/21/16 – Made 5' new hole. TD 110'. Hole size 20".			
Note: 30" culvert with locking lid installed on 10/26/1	5.		
Spud Date: 9/1/15	Rig Release Date:		
I hereby certify that the information above is true and c	omplete to the best of my knowledg	ge and belief.	
SIGNATURE Jama Watte	TITLE _Advanced Regulatory Rep	orting Analyst DATE _ September 23,	2016
Type or print name <u>Laura Watts</u> E-m	ail address: <u>laura@yatespetroleu</u>	m.com PHONE: <u>575-748-4272</u>	_
	TITLE	DATE	
Conditions of Approval (if any):	MBrown 9/29/2014		
	9/29/2014		