Submit 1 Copy To Appropriate District BBS QC	State of New Mexico	Form C-103
State of New Mexico Office District II – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 SEP 2 6 2016IL CONSERVATION DIVISION District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NARCHECEIVED District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		Revised July 18, 2013
		WELL API NO. 30-025-42744
		5. Indicate Type of Lease
		STATE S FEE
		6. State Oil & Gas Lease No. VB-1915
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.)		7. Lease Name or Unit Agreement Name
		Prizehog BWZ State Com
		8. Well Number 1H
 Type of Well: Oil Well Gas Well Name of Operator 		9. OGRID Number
Yates Petroleum Corporation	1	025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210		Wildcat; Lower Bone Spring
4. Well Location		
	t from the <u>North</u> line and	1650 feet from the West line
	t from the <u>South</u> line and	1750 feet from the <u>West</u> line
	wnship 26S Range 36E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,958' GR		
	2,938 GK	
12 Check Appropriat	e Box to Indicate Nature of Notice	Report or Other Data
		, report of other but
NOTICE OF INTENTIO		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE		
	E COMPL CASING/CEMEN	NT JOB
	the state of the s	
CLOSED-LOOP SYSTEM	OTHER:	5' new hole
		nd give pertinent dates, including estimated date
1 1 1	ULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or recompletion.		
9/21/16 - Made 5' new hole. TD 110'. Hole siz	ze 20".	
JEITO Hade 5 new hole. ID ITO, Hole Size 20.		
Nate: 20% endeast with looking lid installed on 1	0/26/15	
Note: 30" culvert with locking lid installed on 1	0/26/15.	
Sand Date: 9/1/15		
Spud Date: 9/1/15	Rig Release Date:	
I hereby certify that the information above is tru-	a and complete to the best of my knowled	go and belief
Thereby certify that the information above is the	e and complete to the best of my knowled	ge and benef.
SIGNATURE Laure Watts	TITLE Advanced Regulatory R	eporting Analyst DATE September 23, 2016
Type or print name Laura Watts	_ E-mail address: <u>laura@yatespetrole</u>	um.com PHONE: <u>575-748-4272</u>
For State Use Only		
APPROVED BY:	THIER for Record Cally	DATE
Conditions of Approval (if any):	<u> </u>	
	Mytsian	
	0/20/2010	
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