Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161	State of New Mex rgy, Minerals and Natura	al Resources		Form C-103 d July 18, 2013	
$\frac{1625 \text{ N. French Dr., Hobbs, NM 88240}}{\text{District II} - (575) 748-1283}$			30-025-41057		
District $ 1 = (505) (534-6) / 8$	- I 7 70 Nouth Nt Branc	010 l lr	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	VED Santa Fe, NM 875	505	STATE FEE 6. State Oil & Gas Lease No.		
$\frac{DState III}{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}}$ $\frac{District IV}{1220 \text{ S. St. Francis Dr., Santa Fe, NM}}$ RECEIVED Santa Fe, NM 87505			VO-5532		
87505 SUNDRY NOTICES AND	REPORTS ON WELLS		7. Lease Name or Unit Agree	ment Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DI DIFFERENT RESERVOIR. USE "APPLICATION FO PROPOSALS.)		R SUCH	Heartache BSX State	/	
1. Type of Well: Oil Well 🛛 Gas Well		8. Well Number #2H			
2. Name of Operator Yates Petroleum Corporation			9. OGRID Number		
3. Address of Operator			10. Pool name or Wildcat		
105 S. Fourth St., Artesia, NM 88210			Triple X; Bone Spring, West		
4. Well Location					
Unit Letter <u>C</u> : 200	_feet from the <u>N</u>		<u>1860</u> feet from the <u>W</u>		
Section 17	Township 24S I vation (Show whether DR, I	Range 33E RKB RT GR etc.)	NMPM Lea Co	unty V	
	ration (Brow whether DR, I	<i>(add), A1, OA, etc.)</i>			
12. Check Appropri	ate Box to Indicate Na	ture of Notice, R	eport or Other Data		
NOTICE OF INTENTION	ON TO:	SUBS	EQUENT REPORT OF	=:	
—					
		COMMENCE DRILL			
		CASING/CEMENT	JOB []		
DOWNHOLE COMMINGLE					
OTHER:		OTHER:			
 Describe proposed or completed oper of starting any proposed work). SEE proposed completion or recompletion 	RULE 19.15.7.14 NMAC.				
Yates Petroleum Corporation wishes to change	e the name of the Heartach	e BSX State #2H to	the Heartthrob BSX State #2F	1.	
OPER. OGRID NO.	25573				
PROPERTY NO	39762				
POOL CODE	96674				
2	13/2013				
BIFF. DATE	4.051				
AT NO. 30.0	A				
2/15/01/4]		
Spud Date: 2/15/5014	Rig Release Dat	e:			
L					
I hereby certify that the information above is the	rue and complete to the her	t of my knowledge	and balief		
Thereby certify that the information above is the	fue and complete to the bes	st of my knowledge	and benef.		
SIGNATURE = 72ml	TITLELand	Regulatory Agent	DATE <u>10/8/20</u>	<u>)13</u>	
Type or print pares Travia Ush-	E mail address	thahn materia 1		748 4120	
Type or print name <u>Travis Hahn</u> For State Use Only	E-man address:	thahn@yatespetrol	eum.com PHONE: <u>575-</u>	148-4120	
	Dot	roleum Engineer		T 16 2013	
APPROVED BY:	TITLETUTLE		DATE	<u>· / / / / / / / / / / / / / / / / /</u>	
Conditions of Approval (Hany):			OCT 1 @ 10	13	
			OCT 16 20	<u>ور ا</u>	

16	2013	
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