Office –	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Ener	gy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	A office from	WELL API NO. 30-025-40517
811 S. First St., Artesia, NM 88210	MONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	STATE STEE
1000 Rio Brazos Rd., Aztec, NM 87410  JAN 2 2.	<b>2014</b> Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM		VO-8090
87505		
SUNDRY NOTIC <b>RECENT</b>		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DR		Mango BRM State
DIFFERENT RESERVOIR. USE "APPLICATION FOF PROPOSALS.)	PERMIT (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well . Gas Well	Other	1H /
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation /		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210		Featherstone; Bone Spring
4. Well Location		<u> </u>
	et from the North line and	2310 feet from the West line
	et from the South line and	2310 feet from the West line
		/
	wnship 20S Range 35E ation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
II. Elevi	3682'GR	
	3002 GR	
10 (1 1 4	A DO A L P A NI A CNI A	D ( 01 D )
12. Check Appropria	te Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTENTIO	NITO:	SSEQUENT REPORT OF:
	ND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON CHANGE		RILLING OPNS. P AND A
	LE COMPL CASING/CEMEN	<del></del>
	LE COMPL	NI JOB
CLOSED-LOOP SYSTEM  OTHER:	OTHER: 5' ne	ew hole
		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.		
1 1 1		
1/18/14 - Made 5' new hole. TD 140'. Hole size 12". Notified Maxey Brown NMOCD-Hobbs of operations via email.		
Spud Date: 8/31/12	Dia Palaga Data	
Spud Date.	Rig Release Date:	
I hereby certify that the information above is tru	ie and complete to the best of my knowledg	ge and beliet.
, , , , , , , , , , , , , , , , , , , ,		
signature Jama Wat	TITLE Boundates Bereit 7	<u> Fechnician</u> DATE <u>January 21, 2014</u>
SIGNATURE / JULIE	ITLE <u>Regulatory Reporting 1</u>	Lectinician DATE January 21, 2014
Type or print name Laura Watts	E-mail address: laura@yatespetroleu	um com DHONE: 575 749 4070
For State Use Only	L-man address. <u>laura@yatespetroleu</u>	<u>Im.com</u> PHONE: <u>575-748-4272</u>
i of state ese only		
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):		DAIL
	MSB 1/23/2014	