Submit 1 Copy To Appropriate District HOBBS GAD of New Mexico	Form C 102
Unice Discussion Allowed Discussion	Form C-103 Revised July 18, 2013
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 APR 0 9 2014	WELL API NO.
District II (575) 749 1292	30-025-41691
OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	STATE STATE
District IV – (505) 476-3460 Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	VB-1636
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Papaya BVP State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	2H
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation	025575
 Address of Operator South Fourth Street, Artesia, NM 88210 	10. Pool name or Wildcat Grama Ridge; Bone Spring, North
	Grania Riuge, Bone Spring, North
4. Well Location Unit Letter M : 200 feet from the South line and	880 feet from the West line
Unit Letter D 330 feet from the North line and	880 feet from the West line
Section 10 Township 21S Range 34E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	
11. Elevation (Show whether DR, RKD, RT, OK, etc. 3,720 GR	The Part And Designed and Part
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR PERFORM REMEDIAL WORK COMMENCE DR COMMENCE DR	
OTHER: DTHER: Spud	
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion.	mpletions: Attach wellbore diagram of
proposed completion of recompletion.	
3/28/14 – Spudded well with rathole service to 4' at 10:30 am. Hole size 6". Set 4" PVC pipe, covered and a Tpost marker installed.	
Notified Maxey Brown with NMOCD-Hobbs of operations via e-mail.	
Accepted for Record Only	
2/20/14	
Spud Date: 3/28/14 Rig Release Date:	
I handly contify that the information shows in two and any list of the table of the list o	
I hereby certify that the information above is true and complete to the best of my knowledg	
	e and belief.
SIGNATURE June Watts TITLE Regulatory Reporting T	e and belief. echnician DATE <u>April 8, 2014</u>
	echnician DATE <u>April 8, 2014</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleur</u>	echnician DATE <u>April 8, 2014</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleur</u> For State Use Only	echnician DATE <u>April 8, 2014</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleur</u> For State Use Only APPROVED BY: Accepted for Record UnityE	echnician DATE <u>April 8, 2014</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleur</u> For State Use Only	echnician DATE <u>April 8, 2014</u> n.com PHONE: <u>575-748-4272</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleur</u> For State Use Only APPROVED BY: Accepted for Record UnityE	echnician DATE <u>April 8, 2014</u> n.com PHONE: <u>575-748-4272</u>

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