Submit 1 Copy To Appropriate District OBBS OCD State of New Mexico Office	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	WELL API NO.
District II - (575) 748-1283 OH. CONSEDVATION DIVISION	30-025-40638
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Pio Prazos D.d. Arton NIM 97410 CEC FIVEU	STATE S FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. VB-1191
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Sable BSA State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	1H
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator	025575 10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Antelope Ridge; Bone Spring, Northwest
4. Well Location	
Unit Letter M : 660 feet from the South line and Unit Letter N 660 feet from the South line and	2310 feet from the West line West line
Section 9 Township 23S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3423'GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WO	
<u> </u>	RILLING OPNS. P AND A
PULL OR ALTER CASING	NT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	hole
13. Describe proposed or completed operations. (Clearly state all pertinent details, 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.	
4/15/14 – Made 5' new hole. TD 180'. Hole size 12". Notified Maxey Brown NMOCD	-Hobbs of operations via email.
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Spud Date: 6/28/12 Rig Release Date:	
Nig Release Bate.	· ·
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
$l \rightarrow 1$	
SIGNATURE Cure Watto TITLE Regulatory Reporting	Technician DATE April 16, 2014
Type or print name Laura Watts E-mail address: laura@yatespetrole For State Use Only	um.com PHONE: <u>575-748-4272</u>
,	0.477
APPROVED BY: Accepted for Record Only Conditions of Approval (if any):	DATE
MOSD 4/21/2014	
	APR 21 2014
	ULIV &