Submit 1 Copy To Appropriate District Office	State of New Me: Energy, Minerals and Natur		/	Form C-103 Revised July 18, 2013				
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION	DIVISION	WELL API NO. 30-025-41702 5. Indicate Type of L	ease				
1000 Rio Brazos Rd., Aztec, NM 874908 20 <u>District IV</u> – (505) 476-3460 MA 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		STATE STATE 6. State Oil & Gas Le VB-1638	FEEease No.				
SUNDR REGINCE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)		JG BACK TO A	 Lease Name or Un Cable BVL State Well Number 					
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator Yates Petroleum Corporation			1H 9. OGRID Number 025575					
 Address of Operator South Fourth Street, Artesia, NM 88210 			10. Pool name or Wildcat Rock Lake; Bone Spring					
4. Well Location Unit Letter <u>M</u> : <u>20</u> Unit Letter <u>L</u> 231			660feet from the660feet from the					
Section 22	Township22SRan1. Elevation (Show whether DR, 3,559'	RKB, RT, GR, etc.,	NMPM Lea	County				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
	ENTION TO: PLUG AND ABANDON CHANGE PLANS	SUB REMEDIAL WOR COMMENCE DR CASING/CEMEN		RT OF: TERING CASING ND A				

CLOSED-LOOP SYSTEM OTHER: 5' new hole \boxtimes OTHER: 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.

5/23/14 – Made 6' new hole. TD 20'. Hole size 20". Notified Maxey Brown with NMOCD-Hobbs of operations via e-mail.

Note: 30" culvert with locking device was installed on 5/5/14.

DOWNHOLE COMMINGLE

Spud Date:	3/28/14	Rig Relea	se Date:		
I hereby certi	fy that the information abov	e is true and complete to t	he best of my knowledge a	and belief.	
SIGNATURE Type or print For State Us	name <u>Laura Watts</u>	E-mail address:	Regulatory Reporting Tech		May 27, 2014 575-748-4272
	DV.	Accepted for Reco	rð Only		
APPROVED Conditions of	Approval (if any):	MAB 5/29);	2014	DATE	/
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