Submit 1 Copy To Appropriate District Office	State of 1	Form C-103 Revised July 18, 2013						
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240					PI NO.	Revised July	18, 2013	
District II - (575) 748-1283 OIL CONSEDVATION DIVISION				1	5-40556		J	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	14, 1414 60210				te Type of Lea	se		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE FEE				
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease No. VO-3662/VB-1647				
87505 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SECOND PROPOSALS.)					BSI State Com	· · · · · · · · · · · · · · · · · · ·		
PROPOSALS.)				8. Well N	Number			
 Type of Well: Oil Well Name of Operator 	AUG 0 6 2014				9. OGRID Number			
Yates Petroleum Corporation	Petroleum Corporation ,				025575			
3. Address of Operator				10. Pool name or Wildcat				
105 South Fourth Street, Artesia, NM 88210			EIVED	Grama	ma Ridge; Bone Spring, North			
4. Well Location Unit Letter Lot 14/F	2680 feet from the	South	line and	1650 f	eet from the	West	line	
Unit Letter F	$\frac{2310}{2310}$ feet from the	North			eet from the	West	line	
Section 4	Township 21	S Range		NMPM	Lea	County		
Section 9	Township 21			NMPM	Lea	County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)								
4 序篇以表 <u>9</u> 9		3,708' G	R				在 ,在	
NOTICE OF PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or co	CHANGE PLANS MULTIPLE COMPL mpleted operations. (Clearly work). SEE RULE 19.15.7.1 recompletion. 40'. Hole size 20".	☐ R ☐ C ☐ C State all per 4 NMAC.	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN OTHER 5' ner tinent details, an For Multiple Cor	SEQUEN K ILLING OPN T JOB w hole d give pertii	NT REPOR ALTE S. P AN	RING CASIND A	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Spud Date: 3/27	Kig Ki	elease Date:						
I hereby certify that the informati	on above is true and complete	to the best	of my knowledg	e and belief	· ————————————————————————————————————			
SIGNATURE JOHN	Watta TITL	E <u>Regulat</u>	ory Reporting T	echnician	DATE Aug	gust 5, 2014		
Type or print name Laura For State Use Only	Watts E-mail addr	ess: <u>laura</u>	@yatespetroleur	m.com	PHONE:	<u>575-748-427</u>	72_	
APPROVED BY: Conditions of Approval (if any):	oted for Record Onl	y			DATE			