Submit I Copy To Appropriate District		F 0.102
Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-40556
District III - (505) 334-6178	1220 South St. Francis Dr	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505SEP <b>30</b> 201	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VO-3662/VB-1647
SUNDRY NO	TICES AND REPORTS ON WELLS RECEIVED	e e
	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	Sitka BSI State Com
PROPOSALS.)		8. Well Number 1H
1. Type of Well: Oil Well2. Name of Operator	Gas Well Other	9. OGRID Number
Yates Petroleum Corporation	/	025575
3. Address of Operator 105 South Fourth Street, Artesia	NM 88210	10. Pool name or Wildcat Grama Ridge; Bone Spring, North
4. Well Location	, INI 88210	Graina Riuge, Bone Spring, North
Unit Letter Lot 14/F :	2680 feet from the South line and	1650 feet from the West line
Unit LetterF	2310 feet from the North line and	1980 feet from the West line
Section4	Township <u>21S</u> Range <u>34E</u>	NMPM Lea County
Section 9	Township 21S Range 34E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,708' GR	
	1999-991	Estimation and a state of the
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	LLING OPNS.
		ГЈОВ 🗌
OTHER:	OTHER 5' nev	
13. Describe proposed or con	npleted operations. (Clearly state all pertinent details, and	d give pertinent dates, including estimated date
proposed completion or r	work). SEE RULE 19.15.7.14 NMAC. For Multiple Cor recompletion.	npietions: Attach wendore diagram of
9/29/14 – Made 5' new hole. TD	55'. Hole size 20".	
Note: 4/15/14 – Installed and cer	nented a 30" culvert pipe with a locking device.	
Spud Date: 3/27/	Rig Release Date:	
Lhereby certify that the information	on above is true and complete to the best of my knowledg	e and belief
A nereoy certify that the informatic	in above is the and complete to the best of my knowledg	
12	la totto man a la a la a	echnician _ DATE _ September 29, 2014
SIGNATURE / Curre	TITLE <u>Regulatory Reporting T</u>	echnician_DATE September 29, 2014
Type or print nameLaura_	Watts E-mail address: laura@yatespetroleur	m.com PHONE: <u>575-748-4272</u>
For State Use Only		
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):	NAJE 10/20/2011	
	MAB/ 9/30/2014	
	·	SEP 3 0 2014

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