| Submit 1 Copy To Appropriate District  | State of New Mexico                                       | Form C-103                            |
|--|---|---------------------------------------|
| Office<br><u>District I</u> – (575) 393-6161   | Energy, Minerals and Natural Resources                    | Revised July 18, 2013                 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  |   | WELL API NO.<br>30-025-41641          |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION                                 | 5. Indicate Type of Lease             |
| District III – (505) 334-6178  | 1220 South St. Francis Pr.                                |                                       |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV – (505) 476-3460   | Santa Fe, NM 87505  | 6. State Oil & Gas Lease No.          |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | Santa Fe, NM 87505  | VO-7363                               |
|  | TICES AND REPORTS ON WELLS                                | 7. Lease Name or Unit Agreement Name  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DEFINED  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |   | Caravan State Unit                    |
| PROPOSALS.)  | LICATION FOR PERMIT (FORM C-101) FOR SUCH                 | 6. Well Number                        |
| 1. Type of Well: Oil Well  | Gas Well Other  | 9H -                                  |
| 2. Name of Operator Yates Petroleum Corporation  |   | 9. OGRID Number<br>025575             |
| 3. Address of Operator   |   | 10. Pool name or Wildcat              |
| 105 South Fourth Street, Artesia,  | , NM 88210  | Triste Draw; Bone Spring, East        |
| 4. Well Location   |   |                                       |
| Unit Letter C:   | 50 feet from the North line and                           | 1950 feet from the West line          |
| Unit Letter N  | 330 feet from the South line and                          | 1950 feet from the West line          |
| Section 33   | Township 24S Range 33E                                    | E NMPM Lea County                     |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |   |                                       |
| 3,483° GR  |   |                                       |
|  |   |                                       |
| 12. Check  | x Appropriate Box to Indicate Nature of Not               | tice, Report or Other Data            |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |   |                                       |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING   |   |                                       |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A   |   |                                       |
| -  | ☐ MULTIPLE COMPL ☐ CASING/CE                              |                                       |
| DOWNHOLE COMMINGLE   | _   | <del>-</del>                          |
|  | _   | <b></b>                               |
| OTHER:   |   | Spud                                  |
| 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.   |   |                                       |
| proposed complement of recomplements   |   |                                       |
| 10/18/14 - Spudded 30" hole with rathole service at 7:15 am. Set 80' of 20" conductor and cemented with 297 sacks redi-mix to the  |   |                                       |
| surface.   |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
| Spud Date: 10/18   | Rig Release Date:   |                                       |
| Spau Bute.   |   |                                       |
|  |   | •                                     |
| I hereby certify that the information  | on above is true and complete to the best of my know      | vledge and belief.                    |
| , ,  |   |                                       |
| 1  | 1 2 1 1   |                                       |
| SIGNATURE TOWN C Watto TITLE Regulatory Reporting Technician DATE October 23, 2014   |   |                                       |
| Type or print name Laura Watts E-mail address: • laura@yatespetroleum.com PHONE:575-748-4272_  |   |                                       |
| Type or print name Laura For State Use Only  | Watte E mail address: laive(a)vetacest                    | roleum com PHONE: 575 749 4070        |
| roi State Osc Omy  | Watts E-mail address: . laura@yatespet                    | roleum.com PHONE: <u>575-748-4272</u> |
|  |   |                                       |
| APPROVED BY:  Conditions of Approval (if any):   | Watts E-mail address: . laura@yatespet  TITLE Petroleum F | , ,                                   |