Offere Distribution       Energy, Minerals and Natural Resources       Revised July 18, 20         Date: U_075734-283       Distribution       OIL CONSERVATION DIVISION 1202 Soft Stress, Nate 20       WELL API NO. 314025-40517         Date: U_075734-283       DIL CONSERVATION DIVISION 1202 Soft Stress, Nate 20       Sinta Fe, NM 87505       Sinta Fe, NM 87505         Stress, Ander, NR MIND       Sunta Fe, NM 87505       FEE []       6. State Cite Prop Of Lease Stress       6. State Cite Prop Of Lease Stress         CONTUSE TIRP FORM FOR REPORTS ON TO DEPENS ON URUDI BACK TO DIFERENT RISHAVOR, USE "APPLICATION FOR FERANT "FORM CITE DIFERENCE ON URUDI BACK TO DIFERENT RISHAVOR, USE "APPLICATION FOR FERANT" (FORM CI-00) FOR SCO1       7. Lease Name or Unit Agreement Name Mango BRM State       9. OCRID Number UIL State Contrast Stress, Aresia, NM 88210         UNIT CENTR TRISHAVOR, USE "APPLICATION FOR FERANT" (FORM CI-00) FOR SCO1       9. OCRID Number UIL Education       9. OCRID Number UIL Education	Office		Sta	te of New Mexic	20			Form (	C-10
1625 Needed Dec 10000       WELL APL NO.         1625 Needed Dec 10000       011 CONSERVATION DIVISION         1720 Status Avana MM 8210       011 CONSERVATION DIVISION         1720 Status Avana MM 8210       1220 South St. Francis Dr.         1720 Status Avana MM 8210       Status Free No.         1720 Status Physical Avana MM 8210       Status Free No.         1720 Status Physical Avana MM 8210       Status Free No.         1720 Status Physical Avana MM 8210       Status Physical Avana MM 8210         1720 Status Physical Avana MM 8210       Status Physical Avana MM 8210         18. Well Number       9.0 GRHD Number         19. South Fourth Street, Arresia, NM 88210       9.0 GRHD Number         21. Status Physical Avana MM 88210       9.0 GRHD Number         21. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       9.0 GRHD Number         22. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK [] PLUG AND APANDON []       PAND A       CASING/CEMENT ABANDON []         10. Decol Notice Common (Element Composed or completed operations. (Cleary state all periotent data), and give pertinent dates, including estimated of starting any proposed work). SEE KULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion.         11. Describe proposed or completed operations. (Cleary state all pertinent da		161	Energy, Mir	nerals and Natural	Resources			Revised July 1	8, 201
BITS Flort SL, Artasia, NM 8210       DUL CONSERVATION DIVISION       5. Indicate Type or Lease         Standard L. (60) SM 6178       Santa Fe, NM 87505       Santa Fe, NM 87505         1200 Bits house Rd, Artes, NM 87410       Santa Fe, NM 87505       Santa Fe, NM 87505         1200 Start BL: STORE DR, Santa Fe, NM       Santa Fe, NM 87505       State Oil & Gas Lease No.         1200 Start BL: STORE NOT RELEASE NOT RELEASE NOT AND REPORTS ON WELLS       State Oil & Gas Lease No.       VO-8690         11. Type of Well: Oil Well K Gas Well G the MORESOCD       1. Lease Name or Unit Agreement Name Mango BRM State       Mango BRM State         2. Name of Operator       100 feet from the MOV-2 & 2014       0. OGRID Number       1. Received Name         3. Address of Operator       100 feet from the South line and 210 feet from the Meet line       10. Pool name or Wildcat       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat       10. Pool name or Wildcat       10. Pool name or Wildcat         4. Well Location       11. Elevation (Show whether DR, RKB, RT, GR, ec.)       3682'G R       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         SEBERULE ING AND REPORT OF:         REMEDIAL WORK PLUG AND ABANDO PLANE         COMMENDIAL PLEAS AND A         OTHER: Se	1625 N. French Dr., Ho	obbs, NM 88240							
DarketUII-4003 334-6178       1220 South Str. Francis Dr.       Str. TFE © FEE         DarketUII-4003 Ade, MAR, MAR, MAR, MAR, MAR, MAR, MAR, MAR			OIL CON	SERVATION D	IVISION		A	$\sim$	
1000 KB Praze RJ, Adec, NM 87410       Samta Fe, NM 87505       531121 CL (1000)         1210 KF, 177805 NF, Sama Fe, NM       531121 CL (1000)       6. State Oil & Gas Lease No.         1210 KF, 177805 NF, Sama Fe, NM       5301 CL (1000)       6. State Oil & Gas Lease No.         1210 KF, 177805 NF, Sama Fe, NM       700000       700000       700000         1210 KF, 177805 NF, 1000 RECORDALS, 1000 RECHTS ON WELLS.       6. State Oil & Gas Lease No.       700000         2. Name of Operator       4. Well Coll Well: Oil Well (2018) KMM*(1000 NG SUCH       8. Well Number       8. Well Number         2. Name of Operator       100 feet from the More Records at state No.       9. OGRID Number       9. OGRID Number         3. Address of Operator       100 feet from the South Fource, Records at state       10170 feet from the West lin       10270 feet from the West lin         101 CL Letter       No.       208 feet from the South Line and 2010 feet from the West lin       10177 feet form the West lin         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682 GR       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         3. Subpervision (2000)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682 GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       Subpervision Records at the state of State state ore RM, State Records at the state ore State Cleo ComMine			+				· · · · · · · · · · · · · · · · · · ·		
1228 St Transo Dr. Samie Fe, NM       VO-8090         SS056       SUDDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name DOPOSALS TO DRUL OR TO DEEPEN OR PLUG BACK TO A DEFERSIVE NUSS APPLICATION FOR REMAIN (PORM C-101)/DOS SUCH         10. Operator       9. OGRID Number       8. Well Number         11. Type of Well: Oil Well G Gas Well G Other       HOBBS OCD       11.         12. Status of Operator       9. OGRID Number       025575         3. Address of Operator       10. Pool name or Wildcat       Featherstone; Bone Spring         4. Well Location       10. Pool name or Wildcat       Featherstone; Bone Spring         4. Well Location       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       Steption         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       SUBSECUENT REPORT OF:         PERFORM REPORT OF CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS       P AND A         COMMENCE COMMINGLE       MULTIPLE COMPL       CASING/CEMENT JOB       Commence of the diagram of proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of of starting any proposed overol.)       State Better State Well State State Well State Stat						-			
SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name (Do NOT USE TIS FORM FOR SALE) OR NUCH         00 NOT USE TIS FORM OR POPORALS TO DRILL OR TO DEFENSIVE OR FLUE BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-10) FOR SUCH       7. Lease Name or Unit Agreement Name (NOTOCSALS)         1. Type of Well: Oil Well G as Well Other       HOBBS OCD       111         2. Name of Operator       9. OCRID Number       02575         3. Address of Operator       9. OCRID Number       02557         4. Well Location       RECEIVED       10. Pool name or Wildeat         10. Pool name or Wildeat       Patherstone; Bone Spring       10. Pool name or Wildeat         11. Elevation       268 feet from the       South       Ine and       1977         11. Elevation (Show whether DR, RKR, GR, etc.)       3682 'GR       11. Elevation (Show whether DR, RKR, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       REMEDIAL WORK       ALTERING CASING [         PULL OR ALTER CASING       MULTIPLE COMPL       COMMECE DRILLING OPNS         ALTERING CASING [         13. Describe proposed or completed operations. (Clearly state all pertinent data), and give pertinent datas, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.       7/17/14         11.1/4/	1220 S. St. Francis Dr.,		Sal	ina re, min 0750	1)			se No.	
DONOTUSE THIS FORM HOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE -PHELATENTOR PREMIT (FORK CHOIP) FORS CLOIP OR SUCH PROPOSALS).       Mange DRAM State         1. Type of Well: Oil Well () Gas Well () Other       MOV 9 0 2014       0.25575         3. Address of Operator       9. OGRID Number       0.25575         3. Address of Operator       100       feet from the       0.25575         10. Fool name or Wildcat Featherstone; Bone Spring       9. OGRID Number       0.25575         4. Well Location       100       feet from the       Not 9 20 2014       0.25575         10. Fool name or Wildcat Featherstone; Bone Spring       10. Fool name or Wildcat Featherstone; Bone Spring       10. Fool name or Wildcat Featherstone; Bone Spring         4. Well Location       10. To working 20S       Range 35E       NMPM       Lea       County in Section         27       Township       20S       Range 35E       NMPM       Lea       County in Section         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO: COMENCE DRILLING OPNS       PAND A       P		SUNDRY NOT	ICES AND REPOR	TS ON WELLS		7. Lea	se Name or Unit	Agreement N	ame
Different RESERVOR. USE 'APPLICATION FOR PERMIT' (FORMC101) FOR SUCH       8. Well Number         1. Type of Well: Oil Well G as Well Other #OBBS OCD       1H         2. Name of Operator       9. OGRID Number         Yates Petroleum Corporation       NOV 3 0 2014         3. Address of Operator       10. Pool name or Wildcat         Featherstone; Bone Spring       Petroleum Corporation         4. Well Location       NOT 26 0 2014         Unit Letter       N         205       feet from the         Section       27         Township       205         Rescence       NMPM         Lea       County         11. Elevation (Show whather DR, RKB, RT, GR, etc.)         3682'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON         CASING/CEMENT JOB       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       COMMINGLE         DOWNHOLE COMMINGLE       OTHER:         Setubing       OTHER:         13. Describe proposed or completed operations. (Clearly state all perfument details, and give perfurent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or re					ВАСК ТО А			/	unie
In Type of Vell: Oil Well Gas Well       Other       MOBES OCD       IH         2. Name of Operator       9. OGRID Number         2. Name of Operator       0. OGRID Number         3. Address of Operator       10. Pool name or Wildcat         105 South Fourth Street, Artesia, NM 88210       10. Pool name or Wildcat         4. Well Location       RECEIVED         Unit Letter       100         27       Township         208       Range         352       NMPM         11. Elevation (Show whether DR, RKB, RT, GR, etc.)         3682 'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         REMEDIAL WORK  = PLUG AND ABANDON           COMMENCE PULL AND ABANDON           CHARKE PLAN GNA BANDON           COMMENCE PULL AND ABANDON           COMMENCE PULL AND ABANDON           CHARKE RT, GR, etc.)         SUBSEQUENT REPORT OF:         REMEDIAL WORK         ALTERING CASING [         COMMENCE PULAN DA BANDON           CHARKE RT, GR, etc.)         COMMENCE PULAN GORK         ALTERING	DIFFERENT RESERV	OIR. USE "APPL	ICATION FOR PERMIT	" (FORM C-101) FOR S	SUCH				
2. Name of Operator Yates Petroleum Corporation       9. OKEND Number 025575         3. Address of Operator 105 South Fourth Street, Artesia, NM 88210       9. OKEND Number 025575         4. Well Location       RECEIVED         Unit Letter       C       100         7. Township       205       Range         8. Section       27       Township         9. OKEND       11. Elevation (Show whether DR, RKR, RT, GR, etc.)         3. Section       27       Township         9. OKEND       11. Elevation (Show whether DR, RKR, RT, GR, etc.)         3682 'GR       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CASING/CEMENT JOB         0DWNHOLE COMMINGLE       CLOSED-LOOP SYSTEM       COMMENCE ORILLING OPNS.       P AND A         10. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed orcompletion.       State All work       7/17/14         11/14/14 - Set 2-7/8" 6.50# L-80 tubing at 10,110'.       Rig Releasc Date:       7/17/14         Spud Date:       8/31/12       Rig Releasc Date:       7/17/14         11/14/14 - Set 2-7/8" 6.50# L-80 tubing at 10,110'.       TITLE       Regulatory				MOBBS (	OCD		n rumou	/	
Yates Petroleum Corporation       NOV 2.0.2014       025575         3. Address of Operator       10. Pool name or Wildcat         ToS south Fourth Street, Artesia, NM 88210       RecCerveD         Unit Letter       N       268         7       Township       208         8. Well Location       Unit Letter       N         268       feet from the       North         10       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3582' GR         3. Address       3682' GR       3682' GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CAMMENCE DRILLING OPNS.       P AND A       D         10. DOWNHOLE COMMINGLE       OTHER       COMMENCE DRILLING OPNS.       P AND A       D         10. DOWNHOLE COMMINGLE       OTHER       Deriver of Work's Stere of Completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of of stating any proposed work's). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion above is true and complete to the best of my knowledge and bellef.         Strud Date:       \$831/12       Rig Release Date:       7/17/14         Interby certify that the information above is true and complete to the best							PID Number		
3. Address of Operator       10. Foot failed of Wildcat         105 South Fourth Street, Artesia, NM 88210       Featherstone; Bone Spring         4. Well Location       0. feet from the       North       Iin and       2310       feet from the       West       Iin         101 In Letter       C       :       100       feet from the       North       Iin and       2310       feet from the       West       Iin         101 In Letter       C       :       100       feet from the       North       Iin and       2310       feet from the       West       Iin         101 In Letter       C       :       268       feet from the       North       Iin and       2310       feet from the       West       Iin         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       :       :       State all perturbed to the Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PEFFORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS       Contented Values       Contented Values       Contented Values       Contented Values       IteriNo GASING         PULIC OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PANDA       Contented Values       IteriNo Casing Cemerator       PANDA       Contentented Values       IteriNo Casing Cemerator			<i>(</i>		2014				
105 South Fourth Street, Artesia, NM 88210       Featherstone; Bone Spring         4. Well Location       Init Letter       C       100       feet from the       North       line and       2310       feet from the       West       lin         Unit Letter       N       268       feet from the       North       line and       1977       feet from the       West       lin         Section       27       Township       205       Range       35E       NMPM       Lea       County         11. Elevation (Show whether DR, REB, RT, GR, etc.)       3682'GR       3682'GR       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       SUBSEQUENT REPORT OF:       REMEDIAL WORK       PLUG AND ABANDON       CASING/CEMENT JOB       PAND A       DEFORM REMEDIAL WORK       PLUG ON DABANDON       CASING/CEMENT JOB       SUBSEQUENT REPORT OF:       REMEDIAL WORK       PAND A       DEFORM REMEDIAL WORK       PLTER COMMENCE       PAND A       DEFORMENCE DRILLING OPNS       P AND A       DEFORMENCE COMMINCE       DEFORMENCE COMMINCE       EMEDIAL WORK       DATE       MORE COMMENCE       EMEDIAL WORK       DEFORMENCE COMMINCE       EMEDIAL WORK       DEFORMENCE COMMINCE       EMEDIAL WORK       DEFORMENCE COMMINCE       EMEDIAL WORK       DEFORMENCE COMINCE       EMEDIAL WORK       DEFORMENCE COMINC				<u>NOV-7 (</u>	1 2014			•at	-
4. Well Location       PECEIVED         Unit Letter       C       : 100_feet from the       North_line and       2310_feet from the       West_line         Section       27       Township       20S       Range       35E       NMPM       Lea       County         11. Elevation (Show whether DR, RKR, RT, GR, etc.)       3682'GR       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       COMMENCE DRILLING OPNS       ALTERING CASING         PUEU OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A       COMMENCE DRILLING OPNS       P AND A         13. Describe proposed or completed operations. (Clearly state all pertinent details, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.       11/14/14 - Set 2-7/8" 6.50# L-80 tubing at 10,110'.         Spud Date:       8/31/12       Rig Release Date:       7/17/14         Inereby certify that the information above is true and complete to the best of my knowledge and belief.       SIGNATURE       DATE_November 19.2014         Signature       Laura Watts       E-mail address'       Iaura@yatespetroloum.com       PHONE:       575-748-4272         For State Us Only			NM 88210			1			
Unit Letter       C       100       feet from the North       North       line and       2310       feet from the West       Iin         Section       27       Township       208       Range       35E       NMPM       Lea       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682 'GR       3682 'GR       County       III. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682 'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       SUBSEQUENT REPORT OF:       REMEDIAL WORK       ALTERING CASING I         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CAMNEE PLANS       COMMENCE DRILLING OPNS.       PAND A       D         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       PAND A       D         OTHER       Settubing       OTHER:       Settubing       E       D         13. Describe proposed or completed operations.       Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         11/14/14 – Set 2-7/8" 6.50% L-80 tubing at 10,110'.       Rig Release Date:       7/17/14         SignA TURE       MATLON       TITLE       Regulatory Reporting Technician       DATE       November 19,				DECE	VFD	1 100			
Unit Letter       N       268       feet from the       South       line and       1977       feet from the       West       lin         Section       27       Township       208       Range       35E       NMPM       Lea       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682 'GR       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682 'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       PANDA         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       PANDA       E         OTHER:       OTHER:       Set tubing       CASING/CEMENT JOB       CASING/CEMENT JOB       E         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.       1/14/14 - Set 2-7/8" 6.50# L-80 tubing at 10,110'.         Spud Date:       8/31/12       Rig Release Date:       7/17/14         hereby certify that the information above is true and complete to the best of my knowledge and belief.       SIGNATURE       Mattada trift_Regulatory		C ·	100 foot from t			2210	fact from the	West	lina
Section       27       Township       20S       Range       35E       NMPM       Lea       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3682'GR       3682'GR       3682'GR       3682'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       ALTERING CASING       COMMENCE DRILLING OPNS       P AND A       COMMENCE ORIGINATION OF       CASING/CEMENT JOB       CASI									
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3682'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON ABANDON CHANGE PLUG AND ABANDON CHANGE DRILLING OPNS. PAND A CASING/CEMENT JOB         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB         CLOSED-LOOP SYSTEM       OTHER:       OTHER: Set tubing         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellibore diagram of proposed completion or recompletion.         1/1/4/14 - Set 2-7/8" 6.50# L-80 tubing at 10,110'.         Spud Date:       8/31/12         Rig Release Date:       7/17/14         Imereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       Additionary Hapter Laura Watts       E-mail address:         Istra Watts       E-mail address:       Istra@yatespetroleum.com       PHONE:       575-748-4272         YPROVED BY:	Om Letter _	<u> </u>	_208 leet from t	.ne <u>South</u>	ine and			west	ime
3682'GR         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON         CHANGE PLANS       ALTERING CASING         PULLOR ALTER CASING       MULTIPLE COMPL         DOWNHOLE COMMINGLE       COMMENCE DRILLING OPNS.       P AND A         CLOSED-LOOP SYSTEM       OTHER:       Set tubing         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         1/14/14 - Set 2-7/8" 6.50# L-80 tubing at 10,110'.         Spud Date:       8/31/12       Rig Release Date:       7/17/14         hereby certify that the information above is true and complete to the best of my knowledge and belief.       SIGNATURE       MATHEMATIC Regulatory Reporting Technician_DATE_November 19, 2014         type or print parte       Laura Watts       E-mail address:       Laura@vatespetroleum.com       PHONE:       575.748.4272         For State Uke Only       TITLE       Petroleum Engineer       DATE_MAMM	Section	27					<u>1 Lea</u>	County	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON         CMMENCE DALLING OPNS       PAND A         DULO RALTER CASING       MULTIPLE COMPL         DOWNHOLE COMMINGLE       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       CASING/CEMENT JOB         I3. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion.         1/1/4/14 – Set 2-7/8" 6.50# L-80 tubing at 10,110'.         Spud Date:       8/31/12         Rig Release Date:       7/17/14         Intereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       Maxture Autous         TITLE       Regulatory Reporting Technician       DATE         Toype or print parte       Laura Watts       E-mail address:       Jaura@ytatespetroleum.com       PHONE:       575-748.4272         For State Use Only       TITLE       Petroleum Engineer       DATE       MAMM			11. Elevation (SP			)		the late	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS       PAND A       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS       PAND A       PAND A         OWNHOLE COMMINGLE       COMENCE OPNINGLE       COMMENCE DRILLING OPNS       PAND A       PAND A         CloseD-LOOP SYSTEM       OTHER       Set tubing       CasiNG/CEMENT JOB       Set tubing         13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         1/14/14 – Set 2-7/8" 6.50# L-80 tubing at 10,110'.       Rig Release Date:       7/17/14         hereby certify that the information above is true and complete to the best of my knowledge and belief.       SIGNATURE       MATM         SIGNATURE       ATTILE       Regulatory Reporting Technician       DATE       November 19, 2014         type or print hame       Laura Watts       E-mail address:       Jaura@vatespetroleum.com       PHONE:       575-748-4272         State Use Only       TITLE       Petroleum Engineer       DATE       MAMM <td></td> <td></td> <td></td> <td><u> </u></td> <td><u> </u></td> <td></td> <td>1. A.</td> <td></td> <td>12</td>				<u> </u>	<u> </u>		1. A.		12
8/31/12       //1//14         hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       ////////////////////////////////////		ompletion or re	ecompletion.	9.15.7.14 NMÁC. I	For Multiple Co	mpletion	s: Attach wellbor	re diagram of	, i •,
SIGNATURE <u>for una Watts</u> TITLE <u>Regulatory Reporting Technician</u> DATE <u>November 19, 2014</u> Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleum.com</u> PHONE: <u>575-748-4272</u> For State Use Only APPROVED BY: <u>DATE MMONT</u>	11/14/14 – Set 2-7/8								
SIGNATURE <u>for the Matte</u> TITLE <u>Regulatory Reporting Technician</u> DATE <u>November 19, 2014</u> Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleum.com</u> PHONE: <u>575-748-4272</u> For State Use Only APPROVED BY: <u>DATE MMONT</u>				Rig Release Date:	7	/17/14			
Type or print name Laura Watts E-mail address: laura@yatespetroleum.com PHONE: 575-748-4272 For State Use Only APPROVED BY: DATE MMONY	Spud Date:	8/31/12	above is true and c		7		lief.		
Type or print name Laura Watts E-mail address: laura@yatespetroleum.com PHONE: 575-748-4272 For State Use Only APPROVED BY: DATE MMONY	Spud Date:	8/31/12	n above is true and c		7		lief.		
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