| Office Office  | State of New Mexico                             |                          |                                     | Form C-103   |  |
|--|---|--------------------------|-------------------------------------|--|--|
| <u>District I</u> – (575) 393-6161   | Energy, Minerals and Natural Res                | sources                  |                                     | Revised July 18, 2013  |  |
| 1625 N. French Dr., Hobbs, NM 88240  |   |                          | WELL API NO.                        |  |  |
| <u>District II</u> - (575) 748-1283<br>811 S. First St., Artesia, NM 88210   | OIL CONSERVATION DIVI                           | SIOMOD                   | 30-025-41783                        |  |  |
| District III – (505) 334-6178  | 1220 South St. Francis                          | 18pa Can                 | 5. Indicate Type of Le              |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   |   |                          | STATE 🛛                             | FEE  |  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM   | Salita Pe, NW 67505                             | C 1 & 5016               | 6. State Oil & Gas Lea              | ise No.  |  |
| 87505  | ŊΕ  | 20 -                     | VO-8488                             |  |  |
| CLINIDAY NOT   | TICES AND REPORTS ON WELLS                      |                          | 7. Lease Name or Uni                | t Agreement Name   |  |
| (DO NOT USE THIS FORM FOR PROP   | OSALS TO DRILL OR TO DEEPEN OR PLUG BAC         | KOTEQEWEL                | Petticoat BVI State                 | _  |  |
| DITTERENT RESERVOIR. OSE THTE  | ICATION FOR PERMIT" (FORM C-101) FOR SUCH       | H <sup>wez-</sup>        | 8. Well Number                      |  |  |
| PROPOSALS.)  1. Type of Well: Oil Well   | Gas Well Other                                  |                          | 1H                                  | _  |  |
| 2. Name of Operator  | das wen Other                                   |                          | 9. OGRID Number                     | -  |  |
| Yates Petroleum Corporation  |   |                          | 025575                              |  |  |
| 3. Address of Operator   |   | 10. Pool name or Wildcat |                                     |  |  |
| 105 South Fourth Street, Artesia,  | NM 88210  |                          | Wildcat; Bone Spring                |  |  |
| 4. Well Location   |   |                          |                                     |  |  |
| Unit Letter D :  | 200 feet from the North line                    | e and                    | feet from the                       | West line  |  |
| Unit Letter M  |   |                          | 660 feet from the                   | West line  |  |
|  |   |                          |                                     |  |  |
| Section 21   | Township 18S Range                              | 36E                      | NMPM Lea                            | County -   |  |
|  | 11. Elevation (Show whether DR, RKB,            | RT, GR, etc.)            |                                     |  |  |
| A STATE OF THE STA | 3,834' GR                                       |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
| 12. Check  | Appropriate Box to Indicate Nature              | of Notice,               | Report or Other Data                | ì  |  |
| NOTICE OF I  | NITENTION TO                                    | CLID                     |                                     | OT OF.   |  |
|  | NTENTION TO:                                    |                          | SEQUENT REPOR                       |  |  |
| PERFORM REMEDIAL WORK  |   | EDIAL WORK               |                                     | ERING CASING   |  |
| TEMPORARILY ABANDON  |   |                          | LLING OPNS.□                        | ND A   |  |
| PULL OR ALTER CASING   |   | ING/CEMENT               |                                     | The property of the control of the c |  |
| DOWNHOLE COMMINGLE   |   | t and                    | the Programme of the Control of the | and of phone (III) and IV  |  |
| CLOSED-LOOP SYSTEM   | J .<br>□ OTHE                                   | ER: 5' new               | , hole                              | $\boxtimes$  |  |
| OTHER:   |   |                          |                                     |  |  |
| 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 re  |   | manipie con              | inprovious Tribuon Wones            | 210 anagram 01   |  |
| proposed compression of re   | , compression                                   |                          | •                                   |  |  |
|  |   |                          |                                     |  |  |
| 12/17/14 - Made 5' new hole. TD  | 60'. Hole size 20".                             |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
| Note: Set and cemented a 30" culv  | ert with locking device on 6/17/14.             |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
| Spud Date: 5/29/14   | Rig Release Date:                               |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
|  |   |                          |                                     |  |  |
| Lhereby certify that the information   | n above is true and complete to the best of n   | ny knowledge             | and belief                          | Society Commission   |  |
| Thereby certify that the informatio  | is according to the difference to the best of h |                          |                                     |  |  |
| Control Page 6   |   | •                        |                                     | <del>-</del>   |  |
| SIGNATURE / QUACE /2   | Jutto TITLE Regulatory                          | Reporting To             | echnician DATE <u>D</u>             | ecember 18, 2014   |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |                          |                                     | · ——   |  |
| Type or print name Laura V   | ···   | atespetroleur            |                                     | 575-748-4272   |  |
| For State Use Only   |   |                          | *                                   |  |  |
| Accepte  | ed for Record Only                              |                          |                                     | # /  |  |
| APPROVED BY:   | TITLE   |                          | DATE_                               |  |  |
| Conditions of Approval (if any).   |   |                          |                                     |  |  |