Office	State of Nev			Form C-103
District I – (575) 393-6161	Energy, Minerals and	Natural Resources		Revised July 18, 2013
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 CONSERVAT	TION DIVISION	30-025-41886	
District III – (505) 334-6178	1220 South St		5. Indicate Type of Leas	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, N	•	STATE 🗵	FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, N	101 07303	6. State Oil & Gas Lease	e No.
87505			VB-1697	
SUNDRY NOT	TICES AND REPORTS ON W	ELLS	7. Lease Name or Unit A	Agreement Name
(DO NOT USE THIS FORM FOR PROPO			Pixley BUX State	/
DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	ICATION FOR FERMIT (FORM C-	HOBBS OCD	8. Well Number	
1. Type of Well: Oil Well	Gas Well 🔲 Other		1H -	/
2. Name of Operator		[HH 0 P 201E	9. OGRID Number	
Yates Petroleum Corporation		JUL 2 7 2015	025575	
3. Address of Operator			10. Pool name or Wildo	at
105 South Fourth Street, Artesia,	NM 88210	RECEIVED	Vacuum; Bone Spring	
4. Well Location				
Unit Letter P:	200 feet from the	South line and	feet from the	East line
Unit Letter A	230 feet from the	North line and	feet from the	East line
Section 26	Township 18S	Range 35E	NMPM Lea	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3,870° GR				
12. Check	Appropriate Box to Indica	ate Nature of Notice	e, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING] CASING/CEME	NT JOB	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM]	7		~
OTHER: 13. Describe proposed or com			5' new hole	uding actionated data
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
proposed completion of recompletion.				
7/22/15 – Made 5' new hole. TD 110'. Hole size 20".				
Spud Date: 6/26/14	Rig Rele	ase Date:		
Space Bate.				
I hereby certify that the information	n above is true and complete to	the best of my knowled	lge and belief	
Thereby certify that the information	above is true and complete to	the desi of my knowled	ige and benef.	
1	1 1			
SIGNATURE TOURCE	LA LA TITLE	Regulatory Reporting	Technician DATE July	, 22, 2015
	_ 			<u> 44, 401</u> 3
Time or mint norms I ours V				<u> </u>
Type or print name Laura V	Vatts E-mail addres.	s: <u>laura@yatespetrole</u>	eum.com PHONE:	575-748-4272
For State Use Only		s: <u>laura@yatespetrole</u>	eum.com PHONE:	
For State Use Only	fc. Record Only	s: <u>laura@yatespetrole</u>		
For State Use Only	fc. Record Only	s: <u>laura@yatespetrole</u>	eum.com PHONE:	