Submit 1 Copy To Appropriate Dist	ict Chata - China Manian	E C 102
Office	Tict 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 88		WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-42732 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, N 87505	A.	V-8801
SUNDRY (DO NOT USE THIS FORM FOR	NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUCEACK TO A APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Shady Rest BWG State Com
PROPOSALS.)		8. Well Number 1H
 Type of Well: Oil Well Name of Operator 	Gas Well Other OCT 13 2015	9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator	RECEIVED	10. Pool name or Wildcat
105 South Fourth Street, Art	sia, NM 88210	Arkansas Junction; Bone Spring
4. Well Location Unit Letter P Unit Letter A	200 feet from the South line and 330 feet from the North line and	660feet from theEastline660feet from theEastline
Section	<u>3</u> Township <u>19S</u> Range <u>36E</u>	NMPM Lea County
	4 Township <u>18S</u> Range <u>36E</u>	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, et 3,777' GR	tc.)
Construction of the second	3,/// UK	
PERFORM REMEDIAL WOR TEMPORARILY ABANDON PULL OR ALTER CASING	RK PLUG AND ABANDON REMEDIAL WO CHANGE PLANS COMMENCE D MULTIPLE COMPL CASING/CEME	RILLING OPNS. PAND A
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	5' new hole
of starting any propo proposed completion 10/7/15 – Made 5' new hole.		Completions: Attach wellbore diagram of
Den Halter 200 at		10.5
Note: Reamed hole to 36" set	and cemented 10' of 30" culvert with locking ring on 9/18	/15.
Spud Date: 8/	31/15 Rig Release Date:	
-Para Prato.	The resource Date.	
I hereby certify that the inform	nation above is true and complete to the best of my knowled	dge and belief.
h		
SIGNATURE La	nation above is true and complete to the best of my knowled	Technician DATE October 8, 2015
SIGNATURE Anno La Type or print name La For State Use Only	ation above is true and complete to the best of my knowled TITLE Regulatory Reporting ara Watts E-mail address: laura@yatespetrole	<u>Technician</u> DATE <u>October 8, 2015</u> eum.com PHONE: <u>575-748-4272</u>
SIGNATURE <u>Accep</u> Type or print name <u>La</u> <u>For State Use Only</u> APPROVED BY:	ation above is true and complete to the best of my knowled <u>A Watts</u> TITLE <u>Regulatory Reporting</u> <u>ura Watts</u> E-mail address: <u>laura@yatespetrole</u> oted for Record Only E	Technician DATE October 8, 2015
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OCT 1 5 2015