Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Revised July 18, 2013	
District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	sinct i
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-42653 5. Indicate Type of Leas	se
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE S	FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, N	NM 87505	6. State Oil & Gas Lease No. VO-8772	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR OBBS OCD			7. Lease Name or Unit A Haney BWH State Co	
PROPOSALS.)		8. Well Number 1H	/	
<ol> <li>Type of Well: Oil Well</li> <li>Name of Operator</li> </ol>		OCT 2 1 2015	9. OGRID Number	
Yates Petroleum Corporation	/		025575	-+
<ol> <li>Address of Operator</li> <li>105 South Fourth Street, Artesia,</li> </ol>	NM 88210	RECEIVED	<ol> <li>Pool name or Wilde Reeves; Bone Spring</li> </ol>	at
4. Well Location				
Unit Letter A : Unit Letter D	660         feet from the           660         feet from the	North line and line and	200feet from the330feet from the	East line West line
Section 13	Township 18S	-	NMPM Lea	County
Section <u>14</u>	Township <u>18S</u> 11. Elevation (Show wheth	<u> </u>	NMPM Lea	County
		3,869' GR	1	
12. Charl	Appropriate Box to Indic	Notice Charles	Derest or Other Dete	
	NTENTION TO:		SEQUENT REPOR	T OF
PERFORM REMEDIAL WORK		REMEDIAL WOR		
TEMPORARILY ABANDON				
PULL OR ALTER CASING DOWNHOLE COMMINGLE		CASING/CEMEN	I JOB	
CLOSED-LOOP SYSTEM				
OTHER:	npleted operations. (Clearly sta	OTHER:	5' new hole	uding estimated date
	work). SEE RULE 19.15.7.14			
10/16/15 – Made 5' new hole. TD	35'. Hole size 20".			
Note: 10' of 30" culvert with lock	ing lid installed on 7/16/15			
Note. 10 01 50 curvent with lock	ing nu instancu on 7/10/15.			
Spud Date: 6/30/1	5 Rig Rele	ease Date:		
I hereby certify that the informatio	n above is true and complete to	o the best of my knowled	ge and belief.	
SIGNATURE FOUNG	1) attain TITLE	Pagulatory Paparting	<u>Fechnician</u> DATE <u>Oct</u>	abar 10, 2015
7 400				
Type or print hame Laura V For State Use Only		ss: <u>laura@yatespetroleu</u>	Im.com PHONE:	575-748-4272
APPROVED BY:	d for Record Oni TITLE		DATE	
			DITE	
Conditions of Approval (if any):				
Conditions of Approval (if any):			OCT 2 2 2015	~