Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, HO3240 District II – (575) 748-1283	Revised July 18, 2013 WELL API NO. 30-025-42733
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 17 2015 District III - (505) 334-6178 NOV 1 7 2015 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa HRECEIVE – 87505	VB-1917
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 SUCH	7. Lease Name or Unit Agreement Name Wildhog BWX State Com
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation	025575
Address of Operator South Fourth Street, Artesia, NM 88210	Pool name or Wildcat Wildcat; Lower Bone Spring
4. Well Location	
	1980 feet from the West line 1980 feet from the West line West line
Section 20 Township 26S Range 36E	NMPM Lea County V
11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
2,943' 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 REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
DOWNHOLE COMMINGLE	1 308
CLOSED-LOOP SYSTEM	
OTHER: OTHER: 5' 13. Describe proposed or completed operations. (Clearly state all pertinent details, and	new hole
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
11/13/15 - Made 5' new hole. TD 25'. Hole size 20".	
Note: 30" culvert with locking lid installed on 10/26/15.	
Spud Date: 9/1/15 Rig Release Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
to laborate	
SIGNATURE TITLE Regulatory Reporting T	echnician DATE November 16, 2015
Type or print name Laura Watts E-mail address: laura@yatespetroleur	m.com PHONE: <u>575-748-4272</u>
For State Use Only	
APPROVED BY: Accepted for Record Only	DATE
Conditions of Approval (if any):	

NOV 2 3 2015