Office Submit I Copy To Appropriate District	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-42732
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. V-8801
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Shady Rest BWG State Com
PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
Type of Well: Oil Well Name of Operator	Gas Well Other	111
Yates Petroleum Corporation	DEC 0 7 2015	025575
Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Arkansas Junction; Bone Spring
4. Well Location		
Unit Letter P :		660 feet from the East line
Unit Letter A		660 feet from the <u>East</u> line
Section 3	Township 19S Range 36E	NMPM <u>Lea</u> County
Section 34	Township <u>18S</u> Range <u>36E</u> 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
正的变变的表示。 	3,777' GR	
of starting any proposed w proposed completion or re 12/2/15 – Made 5' new hole. TD 3	MULTIPLE COMPL CASING/CEMENT OTHER: pleted operations. (Clearly state all pertinent details, and york). SEE RULE 19.15.7.14 NMAC. For Multiple Corcompletion.	5' new hole digive pertinent dates, including estimated date appletions: Attach wellbore diagram of
Saud Data: 8/31/15	5	
Spud Date: 8/31/1.	Rig Release Date:	
I hereby cartify that the information	above is true and complete to the best of my knowledge	and halief
SIGNATURE AND A	\	echnician DATE December 3, 2015
Type or print name Laura W For State Use Only	/atts E-mail address: laura@yatespetroleur	n.com PHONE: <u>575-748-4272</u>
ADDROVED BY Accept	ted for Record Only	D. Lane
APPROVED BY: Conditions of Approval (if any):	IIILE	DATE
NAME OF TAXABLE PARTIES OF TAXAB		

ph