Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 Revised July 18, 2013	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-42773	Kevised July 16, 2015
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			5. Indicate Type of Le	ease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🖂	FEE 🗆 🗸
District IV - (505) 476-3460	Santa Fe, N	M 87505	6. State Oil & Gas Le	ase No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 S. St. Francis Dr., Santa Fe, NM 87505		VO-8825 315420	
	TICES AND REPORTS ON W		7. Lease Name or Uni	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number	Com
PROPOSALS.) 1. Type of Well: Oil Well	1. Type of Well: Oil Well ☐ Gas Well ☐ Other ✓ HOBBS			/
2. Name of Operator Yates Petroleum Corporation	/	MAD 1 P 2010	9. OGRID Number 025575	/
Yates Petroleum Corporation V MAR 1 7 2016 3. Address of Operator			10. Pool name or Wile	dcat
105 South Fourth Street, Artesia	, NM 88210	DEOF	Wildcat; Bone Sprin	g
4. Well Location	190	RECEIVE		
Unit Letter P :			660 feet from the feet from the	East line line
Section 6	Township 19S	Range 36E	NMPM Lea	County
Section	11. Elevation (Show whethe			County
		3,819' GR		
	Appropriate Box to Indica			
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [☐ PLUG AND ABANDON ☐ CHANGE PLANS ☐	REMEDIAL WOR		TERING CASING ND A
	MULTIPLE COMPL	CASING/CEMEN		
]			
CLOSED-LOOP SYSTEM	_			1 - 1 - <u>-</u> 1
OTHER:			ew hole	
of starting any proposed	npleted operations. (Clearly stat work). SEE RULE 19.15.7.14 N			
proposed completion or r	ecompletion.			
3/14/16 - Made 5' new hole. TD 5	50'. Hole size 20".			
Note: 30" culvert with locking lid	installed on 10/16/15.			
0/29/1	5			
Spud Date: 9/28/1	Rig Relea	se Date:		
I hereby certify that the information	on above is true and complete to	the best of my knowledge	e and helief	
Thereby certify that the information	above is true and complete to	the best of my knowledge	e and benef.	
1	1.4			
SIGNATURE OUT A	TITLE	Regulatory Reporting To	echnician DATE M	arch 15, 2016
Type or print name Laura	Watts E-mail address	laura@yatespetroleur	n.com PHONE:	575-748-4272
For State Use Only	17 atto D-iliali addicss	. nama(a, yatespen ofen)	incom I HONE	313-170-7212
APPROVED BYAccepted for Record OnlyTITLE			DATE_	
Conditions of Approval (if any):				