Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural R		Natural Resources	WELL API NO.	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-025-41753	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178			5. Indicate Type of STATE	Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas L VO-8699	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Nervosa BTT State Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 1H	·
Name of Operator Yates Petroleum Corporation	Gas well Ouler	APR 2 8 2016	9. OGRID Number 025575	,
Address of Operator South Fourth Street, Artesia, N	M 88210	RECEIVE	10. Pool name or W Berry; Bone Spring	
4. Well Location	00210	KLOLI	Berry, Bone Spring	,, 1101th
Unit Letter H : 2	feet from the feet from the	North line and line and	760 feet from the feet from the	
Section <u>24</u>	Township 21S	Range 33E	NMPM <u>Lea</u>	County
Section <u>13</u>	Township 21S 11. Elevation (Show wheth		NMPM <u>Lea</u>	County
		3,694'		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WO COMMENCE D CASING/CEME	RILLING OPNS. P	ORT OF: LTERING CASING ☐ AND A ☐
OTHER:		_	new hole	
 Describe proposed or complete of starting any proposed wo proposed completion or recomplete. 4/25/16 – Made 5' new hole. TD 136 	rk). SEE RULE 19.15.7.14 in properties.			
Note: 30" culvert with locking device	e installed on 3/18/15.			
Spud Date: 2/27/15	Rig Rele	ase Date:		
I hereby certify that the information a	above is true and complete to	the best of my knowled	lge and belief.	
	1			
SIGNATURE JOHN	latts TITLE	Regulatory Reporting	Technician DATE	April 26, 2016
Type or print name Laura Wa For State Use Only	E-mail addres	s: <u>laura@yatespetrole</u>	um.com PHONE:	575-748-4272
APPROVED BY: Accepted	for Record Only		DATE	
Conditions of Approval (if any):				