Submit 1 Copy To Appropriate PBBS State of New Mexico Office District I – (575) 393-6161	Form C-103
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88210 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8440 District IV – (505) 476-3460 Santa Fe, NM 87505	Revised July 18, 2013  WELL API NO. 30-025-42653  5. Indicate Type of Lease STATE FEE
District IV – (505) 476-3460 Santa Fe, NM 87505  1220 S. St. Francis Dr., Santa Fe, 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 SUCH	7. Lease Name or Unit Agreement Name Haney BWH State Com
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number 1H
Name of Operator     Yates Petroleum Corporation     Address of Operator     105 South Fourth Street, Artesia, NM 88210	9. OGRID Number 025575 10. Pool name or Wildcat Reeves; Bone Spring
4. Well Location  Unit Letter A : 660 feet from the North line and  Unit Letter D 660 feet from the North line and	200 feet from the East line West line
Section13Township18SRange35ESection14Township18SRange35E11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County NMPM Lea County
3,869' GR	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN  DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:  13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.  5/9/16 – Made 5' new hole. TD 90'. Hole size 20".	ILLING OPNS. P AND A  IT JOB  5' new hole  It give pertinent dates, including estimated date
Spud Date: 6/30/15 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE forms Watts TITLE Regulatory Reporting T	Technician DATE May 12, 2016
Type or print name Laura Watts E-mail address: laura@yatespetroleu For State Use Only	m.com PHONE: <u>575-748-4272</u>
APPROVED BY:  Conditions of Approval (if any):  Accepted for Record Only  TITLE  TITLE	DATE
110000	