Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-025-41917	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM JUN 1 6 2016 87505		5. Indicate Type of Lease	
			STATE FEE
		6. State Oil & Gas Lease No. VO-9011	
SUNDRY NOTICE	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		Date BTB State Com	
PROPOSALS.)		8. Well Number	
**	as Well Other		5H
2. Name of Operator Yates Petroleum Corporation		9. OGRID Number / 25575	
3. Address of Operator		10. Pool name or Wildcat	
105 S 4 th St Artesia NM 88210		Berry; Bone Spring, North	
4. Well Location			
Unit Letter D : 15	feet from the North line as	nd 490 feet from t	he West line
Section 14		Range 33E	NMPM Lea County
	11. Elevation (Show whether DR,		
国际的国际工程等的	380	03	
12. Check Ap	propriate Box to Indicate N	ature of Notice,	Report or Other Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRIL			
AND THE RESIDENCE OF THE PARTY	MULTIPLE COMPL	CASING/CEMEN	
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:		OTHER:	
			d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
proposed completion or recon		o. For Multiple Co.	impletions. Attach wendore diagram of
proposed compression of recon			
Yates Petroleum Wishes to 6	extend the above referenced AP	D for 1 year to Ju	ne 16 th 2017
	2		
	APA Es	1011156	06/16/2017
	11100	411-27	001101101
Spud Date:	Rig Release Da	ate:	
		Apple Total	
I hereby certify that the information ab	ove is true and complete to the be	est of my knowledg	ge and belief.
CICNATURE M'	/ / TITLE I	-1 P - 12 - T-	chnician DATE <u>6/9/2016</u>
SIGNATURE Com		and Regulatory Leg	chnician DATE 6/9/2016
Type or print name Christopher Gurule	THE	and Regulatory Tex	DATE OFFICIAL
For State Use Only			
	E-mail address: cgurule@yate		
Tor State Osc Only			PHONE: <u>575-748-4224</u>
APPROVED BY:			