Submit 1 Copy To Appropriate District BBS OCD State of New Mexico	Form C 102
Office Energy Minorels and Natural Pasouroos	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-42744
	5. Indicate Type of Lease
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8741 RECEIVED 0 South St. Francis Dr. District IV – (505) 476-3460 Santa Fe, NM 87505	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. VB-1915
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 Prizehog BWZ 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
2. Name of Operator Yates Petroleum Corporation	9. OGRID Number 025575
3. Address of Operator	10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Wildcat; Lower Bone Spring
4. Well Location Unit Letter C : 330 feet from the North line and	1650feet from theWestline1750feet from theWestlineNMPMLeaCounty
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,958' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DF PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 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 Comment	RILLING OPNS. P AND A IT JOB Image: Comparison of the state of the
proposed completion or recompletion.	supretions. Attach wendore diagram of
7/11/16 – Made 5' new hole. TD 90'. Hole size 20".	
//11/10 - Made 5 new note. 115 90 . 1161e size 20 .	
Note: 30" culvert with locking lid installed on 10/26/15.	
Spud Date: 9/1/15 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
SIGNATURE Fayre Watts TITLE Advanced Regulatory	Perenting Analysis DATE July 12 2016
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetroleu</u> For State Use Only	<u>im.com</u> PHONE: <u>575-748-4272</u>
APPROVED BY: Accepted for Record Only	DATE
Conditions of Approval (if any):	
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