Submit 1 Copy To Appropriate District Office	y To Appropriate District State of New Mexico		Form C-10	
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 OH. CONSERDY A TION DIVISION		Revised July 18, 201 WELL API NO.	3	
		30-015-38268		
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	78 1220 South St. Francis Dr. ec, NM 87410 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 6. State Oil & Gas Lease No.	_
District IV - (505) 476-3460 Salita Fe, INIVI 87303 1220 S. St. Francis Dr., Santa Fe, NM 87505		VO-6711		
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 Ohkay BHH State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator			9. OGRID Number	-
Yates Petroleum Corporation 3. Address of Operator			25575 10. Pool name or Wildcat	\dashv
105 S. 4 th Street, Artesia, NM 88210			Pierce Crossing; Bone Spring, East	
4. Well Location				
Unit Letter C: 330	feet from the North	_ line and2310	feet from the West line	
Section 6	Township 25S	Range 30E	NMPM County Eddy	6.73
	11. Elevation (Show whether DI 3156' GR	K, KKB, KI, GK, eic.		
12 Check An	propriate Box to Indicate N	Jature of Notice	Report or Other Data	
•	• •		•	
NOTICE OF INT	ENTION TO: PLUG AND ABANDON □	SUB REMEDIAL WOR	SEQUENT REPORT OF: IK	1
	ILLING OPNS.□ PAND A □			
	CHANGE PLANS MULTIPLE COMPL	CASING/CEMEN		
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM OTHER:	П	OTHER:		l
	ed operations. (Clearly state all		d give pertinent dates, including estimated da	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recon	ipletion.			
V. D. I. O. C. II.	A LAL ADD C	(1)		
Yates Petroleum Corporation wishe	es to extend the APD for one	(1) year to Novem	ber 18, 2014.	
			RECEIVED	
			NOV 2 0 2013	
			NMOCD (PTERMI	
Spud Date:	Rig Release D	late:		
Opud Date.	Rig Release D	atc.		
I hereby certify that the information ab	ove is two and complete to the b	soat of my lemovile de	and halisf	_
Thereby certify that the information ab	ove is true and complete to the t	est of my knowledg	e and benen.	
signature Lou Du	OUSTITLEL	and Regulatory Tecl	nnician DATE <u>11/18/2013</u>	
Type or print name Lori Flores	E-mail addres	s:	PHONE: <u>575-748-4448</u>	_
For State Use Only	. /	"Genla	gist" //	
APPROVED BY: / C O O O O O O O O O O O O O O O O O O	ZU TITLE	"Geolo	USL DATE 11/20/2013	_