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 August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONCERNATION DIVIGION	30-015-38957
811 S. First St., Artesia, NM-88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, ANN 87303	6. State Oil & Gas Lease No. VB-1749
87505	FIGURE AND DEPONITE ON WITH A	
(DO NOT USE THIS FORM FOR PROP	FICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name  Qualifier BQP State
1. Type of Well: O	il Well 🛛 Gas Well 🗌 Other	8. Well Number 1H
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation  3. Address of Operator		25575 10. Pool name or Wildcat
105 South 4 <sup>th</sup> Street, Artesia, NM	88210	Sand Tank; Bone Spring
4. Well Location	<u> </u>	
	660 feet from the South line and 330	feet from the West line
Section 32	Township 17S Range 30E NMPl	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	:.)
	3546' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK □		
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	- · · · · · · · · · · · · · · · · · · ·	NT JOB · L
DOWNHOLE COMMINGLE		
OTHER:		nd APD
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
	·	
Yates Petroleum Corporation would like to request a 2nd one (1) year extension until April 15, 2015.		
	1	·
Thank you.	A way and anding	REOF
· Fil	nal Extension Approved ending	PIECEIVED
	4-15-205	APR 03 2014
	1 B ass	2014
		MMOCD ARTERIA
		-01/4
	D: 21 D:	
Spud Date:	Rig Release Date:	
·		•
I hereby certify that the information	n above is true and complete to the best of my knowled	ge and belief
	doore to the data complete to the cost of my fallo mean	ge and series.
SIGNATURE SIGNATURE	USUS TITLE Land Regulatory Technic	<u>cian</u> DATE <u>4/2/14</u>
	D 11 11 1200	
Type or print name Lori Flores For State Use Only	E-mail address: lorif@yatespetro	<u>PHONE:575-748-4448</u>
///(/	Mand "Gen!	ogist" DATE 4-3-2015
APPROVED BY: / CO	TITLE JEON	Ugist DATE 4-5-1015
Conditions of Approval (if any):		•