Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-015-38261
1301 W. Grand Ave., Artesia, NM 8821 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Te, IVIVI 67303	6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APP	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	Trojans BQT State 8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	1H
2. Name of Operator	Gas well Guiei	9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia	, NM 88210	Rock Spur; Bone Spring
4. Well Location		
Unit Letter P : Unit Letter M	660 feet from the South line and South line and	330 feet from the East line See From the East line
Section 36		
Section 36	Township 25S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR,	
The state of the s	2916'GR	eic.)
12 Checl	Appropriate Box to Indicate Nature of Noti	ice Report or Other Data
		•
	1	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK [- 1	
	☐ CHANGE PLANS ☐ COMMENCE ☐ MULTIPLE COMPL ☐ CASING/CEN	DRILLING OPNS. P AND A
	MOETH LE COMPL CASINO/GEN	MEINT JOB
OTHER:	OTHER: 5' no	
	npleted operations. (Clearly state all pertinent details work). SEE RULE 19.15.7.14 NMAC. For Multiple recompletion.	
• •	•	
12/17/10 – Made 5' new hole at 1	:00 PM. TD 15'. Hole size 12-1/4".	
		RECEIVED
		NECEIVED
		DEC 2 2 2010
		NMOCD ARTESIA
Spud Date: 11/30	/10 Rig Release Date:	
I handre contife that the informati	an about the second annual second sec	1.1
Thereby certify that the information	on above is true and complete to the best of my knowl	leage and belief.
1 1.	1	
SIGNATURE (C)	TITLE Regulatory Complia	ance Supervisor DATE December 20, 2010
Type or print name Tina I		oleum.com PHONE: <u>575-748-4168</u>
For State Accepted for re-	cord	
APPROVED BY: NMOCD	TITLE F.S.	DATE 12-27~ 10
Conditions of Approval (it any)	violation of APD-cOA	(a)
	MONTH OF APOLLOM	O