Submit 1 Copy To Appropriate District Office	State of New Mexico	/ Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, Nincapps OCD District II – (575) 748-1283	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO. 30-025-40638
<u>District II</u> = (573) 748-1285 811 S First St, Artesia, NM 88210 <u>District III</u> = (505) 334-6178 1000 Rio Brazos Rd., Aztec, NJU174 F0	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
District IV – (505) 476-3460 1220 S St Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No. VB-1191
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 PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		7. Lease Name or Unit Agreement Name Sable BSA State
		8. Well Number
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	Antelope Ridge; Bone Spring, Northwest
4. Well Location Unit Letter		330 feet from the West line 2310 feet from the West line
Section 9	Township 23S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3423'GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
TEMPORARILY ABANDON C	LUG AND ABANDON 🔲 REMEDIAL WO	RILLING OPNS. P AND A
OTHER:	OTHER: 5' ne	w hole
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.		
7/17/12 – Made 5' new hole at 2:45 PM. TD 15'. Hole size 12-1/4". Notified E.L. Gonzales NMOCD-Hobbs of operations via email.		
Spud Date: 6/28/12	ni- n-l Data	
Spud Date: 6/28/12	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Regulatory Reporting Supervisor DATE July 23, 2012		
Type or print name E-mail address: tinah@yatespetroleum.com PHONE: 575-748-4168		
APPROVED BY: Your TITLE Compliance Office DATE 7/25/2012 Conditions of Approval (if any):		
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