

WELL API NUMBER	30-025-38862
5. Indicate Type of Lease	S
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	STRAIT BLR STATE COM
8. Well Number	008
9. OGRID Number	25575
10. Pool name or Wildcat	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name STRAIT BLR STATE COM
1. Type of Well: G		8. Well Number 008
2. Name of Operator YATES PETROLEUM CORPORATION		9. OGRID Number 25575
3. Address of Operator 105 S 4TH ST , ARTESIA , NM 88210		10. Pool name or Wildcat
4. Well Location Unit Letter G : 1980 feet from the N line and 1650 feet from the E line Section 28 Township 10S Range 34E NMPM Lea County		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 4218 GR		
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		Other: Spud ☒	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/24/2008 Spudded well.

4/24/08 Spudded 12-1/4" hole at 3:30 PM. TD 10'

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE	Electronically Signed	TITLE	DATE 4/28/2008
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Type or print name Monti Sanders E-mail address montis@ypcnm.com Telephone No. 575-748-4244

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 4/29/2008