Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S First St , Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-38419
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ⊠ FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM 87505		VO-7679
SUNDRY NO (DO NOT USE THIS FORM FOR PROF	TICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Coltrane BQR State Com
PROPOSALS)	Gas Well  Other	8. Well Number
1. Type of Well: Oil Well   2. Name of Operator	Gas well Other	9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator 105 South Fourth Street, Artesia,	NM 99210	10. Pool name or Wildcat Wildcat; Bone Spring
4. Well Location	INVI 00210	windcar, Bone Spring
Unit Letter P :	430 feet from the South line and 660 feet from the South line and	660feet from theEast lineline
Section 36	Township 25S Range 31E	NMPM Eddy County
Protection of the second	11. Elevation (Show whether DR, RKB, RT, GR, 3299'GR	
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   ALTERING CASING		
TEMPORARILY ABANDON: CHANGE PLANS		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	☐ MULTIPLE COMPL ☐ CASING/CEM	IENT JOB
OTHER	The state of the s	of the form of the control of the co
OTTILIN.		ew hole 🖂
	npleted operations. (Clearly state all pertinent details work). SEE RULE 19.15.7.14 NMAC. For Multiple ecompletion.	
2/24/12 – Made 5' new hole at 4:20 PM. TD 115'. Hole size 12-1/4". Notified Randy Dade NMOCD-Artesia of operations via email.		
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	RE	CEIVED
	ļ <sub>F</sub>	FEB <b>2 9</b> 2012
	'	ED 20 2012
	NMC	OCD ARTESIA
Smud Data: 1/31/	11	
Spud Date:	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 Complia	nce Supervisor DATE February 27, 2012
Type or print name Tina H For State Use Only	uerta E-mail address: tinah@yatespetro	leum.com PHONE: <u>575-748-4168</u>
APPROVED BY:	TITLE DOST BS SPENSE	DATE 03/03/12
Conditions of Approval (if any):	THEE DIST CONST	DATE CONSTITUTE