Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-37554
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM		VO-7295
87505		
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A JCATION FOR PERMIT" (FORM C-101) FOR SUCH	Brittany BPA State Com
PROPOSALS.)	ACTITION TOWN ENGINEER (FORWARD 101) FOR BOOT	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	1H
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator	ND 4 00210	10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Wildcat; Bone Spring
4. Well Location		
. Unit Letter B:	660 feet from the North line and	1650 feet from the East line
Unit Letter A	660 feet from the North line and	1200 feet from the <u>East</u> line
Surf - Section <u>16</u>	Township <u>26S</u> Range <u>25E</u>	NMPM <u>Eddy</u> County
BHL - Section 17	Township 26S Range 25E	NMPM Eddy County
AND THE PARTY OF T	11. Elevation (Show whether DR, RKB, RT, GR, et	(c.)
	3722'GR	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER: 13. Describe proposed or complete date of starting any proposed completion or responsed completion or responsed.	PLUG AND ABANDON REMEDIAL WO COMMENCE D MULTIPLE COMPL CASING/CEME OTHER: 5' new appleted operations. (Clearly state all pertinent details, a sed work). SEE RULE 19.15.7.14 NMAC. For Multip	RILLING OPNS. P AND A NT JOB w hole and give pertinent dates, including estimated ple Completions: Attach wellbore diagram of
Spud Date: 2/1/1	0 Rig Release Date:	RECEIVED SEP 1 8 2012 NMOCD ARTESIA
I hereby certify that the information	n above is true and complete to the best of my knowled	dge and belief
	a door of it due and complete to the best of my knowled	age and benef.
SIGNATURE ()	TITLE Regulatory Reporting St	upervisor DATE September 17, 2012
Type or print name Tina Hi	uerta E-mail address: tinah@yatespetrole	eum.com PHONE: <u>575-748-4168</u>
For State Use Only		
#2D.1	1 00	
APPROVED BY: Oldow Conditions of Approval (if any):	TITLE DIST HSpewist	DATE 9/18/12