Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resource	es Revised August 1, 201
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-37495
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STATE
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VO-7347
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS T	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	N FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well 🛛 Gas V	Well Other	1H
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		025575 10. Pool name or Wildcat
3. Address of Operator 105 South Fourth Street, Artesia, NM 88	8210	Wildcat; Bone Spring
4. Well Location	5210	Whiteles, Boile opinig
Unit Letter M : 660	feet from the South line and	330 feet from the West line
Unit Letter P 642	feet from the South line and	361 feet from the East line
Section 11	Township 25S Range 27	'E NMPM Eddy County
	Elevation (Show whether DR, RKB, RT, G	
	3170'GR	
12. Check Approp	priate Box to Indicate Nature of Not	ice, Report or Other Data
NOTICE OF INTEN	ITION TO:	SUBSEQUENT REPORT OF:
	JG AND ABANDON ☐ REMEDIAL	
:		E DRILLING OPNS. P AND A
PULL OR ALTER CASING MU	LTIPLE COMPL CASING/CI	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER.		at to this a
OTHER: 13 Describe proposed or completed or	operations (Clearly state all pertinent deta	et tubing ils, and give pertinent dates, including estimated
		fultiple Completions: Attach wellbore diagram of
proposed completion or recomple		
•		
Set 2-7/8" 8.6# L-80 tubing at 6926'.		
		RECEIVED
		n_o_
		MAR 07 2013
		NMOCD ARTESIA
		NMOCD ARTES A
Sand Date: 2/26/10		9/24/12
Spud Date:	Rig Release Date:	7/24/12
		aw a
The second secon		and and
I hereby certify that the information above	e is true and complete to the best of my kno	wledge and belief.
	is true and complete to the best of my kno	_
I hereby certify that the information above	is true and complete to the best of my kno	wledge and belief. Supervisor DATE March 5, 2013
SIGNATURE	is true and complete to the best of my kno	Supervisor DATE March 5, 2013
SIGNATURE (In Must	tis true and complete to the best of my kno TITLE Regulatory Reporting	Supervisor DATE March 5, 2013
SIGNATURE	tis true and complete to the best of my kno TITLE Regulatory Reporting	Supervisor DATE March 5, 2013