Submit 1 Copy To Appropriate District Office	## State of New Mexico State of New Mexico State of New Mexic		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised August 1, 2011 WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-015-39302 5. Indicate Type of L	ease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE S FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1066	
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			7. Lease Name or Unit Agreement Name Bullion BRL State 8. Well Number	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			1H	
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 4. Well Location			Wildcat; Bone Spring	
Unit Letter Lot 1 : Unit Letter Lot 4 :	660 feet from the Sout 660 feet from the Sout		feet from the feet from the	
Section 32 Township 26S Range 30E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
2937'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				
DOWNHOLE COMMINGLE				
OTHER:		OTHER: 5' new h		\boxtimes
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.				
7/18/13 – Made 5' new hole. TD 165'. Hole size 10". Notified Randy Dade NMOCD-Artesia of operations via email.				
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			NMOCD A	11120777
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Spud Date: 11/30/	Rig Release D	ate:		
	<u></u>			
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 29, 2013				
Type or print name E-mail address: tinah@yatespetroleum.com PHONE: 575-748-4168 For State Use Only for record LRO				
APPROVED BY: NMOCD Conditions of Approval (if any):	TITLE		DATE 8/	11/13