| Submit 1 Copy To Appropriate District Office | | State of New Mexico | | | | Form C-103 | | | |
|---|--|--|--|--|--------------|--|--------------------|--------------|--|
| <u>District I</u> – (575 1625 N. French |) 393-6161 Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | | WELL A | Revised July 18, 2013 WELL API NO. | | | |
| District II - (575) 748-1283 | | | | DIVISION | 30-01 | 15-37554 | | | |
| District III - (50 | 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 87505 | | | | | | VO-7295 | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | | 7. Lease Name or Unit Agreement Name | | | |
| (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 | | | | | | Brittany BPA State Com 8. Well Number | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | | | | 1H | | | | |
| 2. Name of Operator | | | | | | 9. OGRID Number | | | |
| Yates Petroleum Corporation 3. Address of Operator | | | | | | 025575 10. Pool name or Wildcat | | | |
| 105 South Fourth Street, Artesia, NM 88210 | | | | | | Wildcat; Bone Spring | | | |
| 4. Well Location | | | | | | | | | |
| Unit Lett | | 660 feet from the | | - | 1650 1200 | feet from the feet from the | East East | line line | |
| Surf - Secti | | Township | | nge <u>25E</u> | NMPM | Eddy | County | mic | |
| BHL - Secti | | Township | 26S Ra | nge 25E | NMPM | <u>Eddy</u> Eddy | County | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | | | |
| 3722'GR | | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | | |
| NOTICE OF INTENTION TO: | | | | | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | | | | | | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A | | | | | | | | | |
| PULL OR ALTER CASING | | | | | | | | | |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM | | | | | | | | | |
| CLOSED-LOOP SYSTEM | | | | | | | | \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. | | | | | | | | | |
| proposed completion of recompletion. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 8/21/13 - Made 5' new hole. TD 350'. Hole size 10". Notified Randy Dade NMOCD-Artesia of operations via email. | | | | | | | | | |
| RECEIVED | | | | | | | | | |
| | | | | | | } | | 1 | |
| | 2/1/10 | | | | | AUG 2 6 2013 | | | |
| Spud Date: | 2/1/10 | F | Rig Release Da | ate: | | NMOCD | ARTESIA | 7 | |
| | | | | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | | |
| | 1 | , 1 | | | | | | | |
| SIGNATURE | Juna | Walls. | TITLE Reg | ulatory Reporting | Technician | _DATE _Au | gust 23, 2013 | | |
| Type or print | name <u>Laura </u> | Vatts E-mai | l address: la | nura@yatespetrole | um.com | PHONE: | <u>575-748-427</u> | 2 | |
| For State Use | | D mai | <u> 200. </u> | and the second of the second o | <u></u> | | 5/5 / 10 72/ | | |
| APPROVED | BY: ACCORD | d for record upo T | TTLE. | | | DATE 8 | 1/27/2013 | | |
| Conditions of Approval (if any) | | | | | | | <u> </u> | | |

Submit 1 Copy To Appropriate District