| Submit 1 Copy To Appropriate District Office   | State of New Mexico                   |   | Form C-103<br>October 13, 2009          |
|--|---------------------------------------|---|---|
| District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240  |                                       | WELL API NO.                            |   |
| District II OIL CONCEDIATION DIVISION  |                                       | 30-015-37554                            |   |
| District III   | 1501 W. Grand 11.0., 11.00210         |   | 5. Indicate Type of Lease  STATE   FEE  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  | Santa Fe, NM 87410 Santa Fe, NM 87505 |   | 6. State Oil & Gas Lease No             |
| 1220 S. St Francis Dr., Santa Fe, NM   |                                       |   |   |
| 87505 SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO   | TICES AND REPORTS ON                  |   | 7. Lease Name or Unit Agreement Name    |
| DIFFERENT RESERVOIR. USE "APPL   |                                       |   | Brittany BPA State Com  18. Well Number |
| PROPOSALS)  1. Type of Well: Oil Well  | Gas Well Other                        | RECEIVED                                | 1H                                      |
| 2. Name of Operator  | Gus Weii Other                        | ADD = 2040                              | 9. OGRID Number                         |
| Yates Petroleum Corporation  |                                       | APR - 5 2010                            | 025575                                  |
| 3. Address of Operator   | NM 88210                              | NMOCD ARTESIA                           | 10. Pool name or Wildcat Bone Spring    |
| 105 South Fourth Street, Artesia, NM 88210 NIVIOCD ARTESIA Bone Spring  4. Well Location   |                                       |   |   |
| Unit Letter B:   | 660 feet from the                     | North line and                          | 1650 feet from the <u>East</u> line     |
| Section 16   | Township 26                           |   | NMPM Eddy County                        |
|  | 11. Elevation (Show whe               | ether DR, RKB, RT, GR, etc.)<br>3722'GR |   |
| 3/22 GR  |                                       |   |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                                       |   |   |
| NOTICE OF IN   | NTENTION TO:                          | l SUB                                   | SEQUENT REPORT OF:                      |
| PERFORM REMEDIAL WORK  |                                       | ☐ REMEDIAL WOR                          |   |
| TEMPORARILY ABANDON  |                                       | ☐ COMMENCE DRI                          | <del></del>                             |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE  | MULTIPLE COMPL                        | CASING/CEMENT                           | ГЈОВ 📙                                  |
| DOWNHOLE COMMINGLE [   |                                       |   |   |
| OTHER:   |                                       | OTHER: 5' new I                         |   |
| 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.   |                                       |   |   |
| 3/29/10 – Made 5' new hole at 4:00 PM. TD 25'. Hole size 12-1/4".  |                                       |   |   |
| 5/29/10 - Wade 5 New Hole at 4.00 PW. 1D 25. Hole Size 12-1/4.   |                                       |   |   |
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|  |                                       |   |   |
|  |                                       |   |   |
| Snud Date: 2/1/10  |                                       | [                                       |   |
| Spud Date:   | Rig Re                                | elease Date:                            |   |
| <u> </u>   |                                       |   |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                                       |   |   |
|  |                                       |   |   |
| STONATURE (A) III COLO DATE A 111 COLO   |                                       |   |   |
| SIGNATURE TITLE Regulatory Compliance Supervisor DATE April 1, 2010  |                                       |   |   |
| Type or print name Tina Hu   | erta E-mail addre                     | ess: <u>tinah@yatespetroleun</u>        | n.com PHONE: <u>575-748-4168</u>        |
| For State Use Only   |                                       |   |   |
| APPROVED BY: Double  | MARIA TITIF                           | Field Supervisi                         | OC DATE 4-6-2010                        |
| Conditions of Approval (if any):   |                                       | ··· Cle OUP CITIS                       | 5                                       |