Submit 1 Copy To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-1U3 PM
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Biazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-015-02523 5. Indicate Type of Lease STATE ☐ FEE ☐ 6. State Oil & Gas Lease No. LG-1171
(DO NOT USE THIS FORM FOR PROPO	CICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DISALS TO DRILL OR TO DEEPEN OR	7. Lease Name or Unit Agreement Name Flower AGA State SWD 8. Well Number 2
Name of Operator Yates Petroleum Corporation Address of Operator	- O.1.O. UND	9. OGRID Number 025575 10. Pool name or Wildcat
105 South Fourth Street, Artesia, 1	NM 88210	SWD-Delaware
Unit Letter H:	1980 feet from the North line and	660 feet from the East line
Section 3	Township 26S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, 2940'GR	NMPM Eddy County etc.)
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON 🔲 REMEDIAL W	DRILLING OPNS. P AND A
OTHER:	OTHER: Per	forate and stimulate additional Delaware
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.		
4/6/10 – NU BOP. Perforated Delaware 2564'-2573' (10), 2580'-2600' (21), 2620'-2650' (31) and 2654'-2738' (85) 4/7/10 – Tested casing to 1500 psi, good. Tested casing and wellhead to 2500 psi, good. 4/8/10 – Pumped 5000g 7-1/2% NEFE HCL. Dropped 220 ball sealers. Pumped another 40 bbls to put acid away.		
Spud Date:	Rig Release Date:	
I hereby certify that-the information	above is true and complete to the best of my knowl	edge and belief.
SIGNATURE (TITLE Regulatory Complia	nce Supervisor DATE April 21, 2010
Type or print name Tina Hue For State Use Only	E-mail address: tinah@yatespetio	leum.com PHONE <u>575-748-4168</u>
APPROVED BY: Conditions of Approval (if any):	TITLE GOOLOGIST	DATE 6/15/20