Office	то Арргориасе Дізпісі	State of New M		11	Form C-103
District I - (575	) 393-6161 Dr , Hobbs, NM 88240	Energy, Minerals and Nat	tural Resources	WELL API NO.	Revised August 1, 2011
District II – (575) 748-1283 811 S First St., Artesia, NM 88210 HOBBS OFIL CONSERVATION DIVISION				30-025-40453	
				5. Indicate Type of Lease	
District III – (505) 334-6178 1000 Rio Brazos Rd, Aztec, NM 874 JUN 1 2012 District IV – (505) 476-3460 12012 Santa Fe, NM 87505				STATE 🖂	FEE
District IV – (505) 476-3460  1220 S St Francis Dr., Santa Fe, NM  87505				6. State Oil & Gas Lea VB-1178	ase No.
SUNDRY NO 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				Calcutta BRZ State  8. Well Number	
PROPOSALS)  1. Type of Well: Oil Well				1H	
2. Name of Operator				9. OGRID Number	
Yates Petroleum Corporation  3. Address of Operator				025575 10. Pool name or Wile	deat
105 South Fourth Street, Artesia, NM 88210				Wildcat; Bone Spring	
4. Well Loc	ation				
Unit Let Unit Let		feet from the Nor hor feet from the		660 feet from the feet from the	West line West
Section	32	Township 24S R	ange 32E	NMPM Lea	County
A Service Till	11.	Elevation (Show whether D		:)	
		349	1'GR		The state of the s
	12. Check Appro	priate Box to Indicate	Nature of Notice,	, Report or Other Dat	a
	NOTICE OF INTEN	TION TO:	SUE	SEQUENT REPO	RT OF:
PERFORM F		IG AND ABANDON	REMEDIAL WOR		ERING CASING
TEMPORAR		ANGE PLANS	į.		ND A
	<del></del>	LTIPLE COMPL	CASING/CEMEN	IT JOB 🔲	
DOWNHOLE	COMMINGLE				
OTHER.			OTHER: Spud		$\boxtimes$
	ribe proposed or completed or arting any proposed work).				
	osed completion or recomple		C. For Muniple Co	impletions. Attach wend	ore diagram of
	•				
5/30/12 – Spu	dded well at 6:58 PM. TD 1	0'. Hole size 12-1/4". Noti	ified Elidio Gonzale:	s NMOCD-Hobbs of oper	rations via email.
	·				
Spud Date:	5/30/12	Rig Release I	Date:		
•					
I hereby certif	y that the information above	is true and complete to the	best of my knowleds	ge and belief.	
SIGNATURE	Clera Guer	TITLE Re	gulatory Reporting S	Supervisor DATE Jur	ne 5, 2012
Type or print		E-mail address: tinal	h@yatespetroleum.c	om PHONE: <u>57</u>	5-748-4168
For State Use	e Only		_	•	
APPROVED		TITLE S	aff mgz	DATE	1-2012
Conditions of	Approval (if any):	·	·	•	MM 1.1 2012
	'				MIN 1:1 2012