Submit 1 Copy To Appropriate Distri			Form C-103
District I – (575) 393-6161			Revised August 1, 2011 WELL API NO.
102.3 IN PICICULAL MODDS INVI 66240			1. EEE 12. 10.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 AUG OLLACONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV (505) 476 2460 Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505			VB-1220
SUNDRY I (DO NOT USE THIS FORM FOR P	7. Lease Name or Unit Agreement Name Tangerine BRT State		
DIFFERENT RESERVOIR. USE "A PROPOSALS.) 1. Type of Well: Oil Well [8. Well Number 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			Featherstone; Bone Spring
4. Well Location	100 6 (6 (1	NT 41 11	
Unit Letter A Unit Letter P	feet from the feet from the	North line and South	
Section 2'			SE NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3667'GR			
		3007 GK	
12. Chec	k Appropriate Box to Indi	cate Nature of No	tice, Report or Other Data
NOTICE O	F INTENTION TO:	1	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WOR		☐ REMEDIA	
TEMPORARILY ABANDON	☐ CHANGE PLANS		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE		CASING/C	EMENT JOB
	_		
OTHER: 13 Describe proposed or of the proposed or	completed operations (Clearly		Made 5' new hole
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.			
8/2/13 – Made 5' new hole. TD 95'. Hole size 12-1/4". Notified E.L. Gonzales NMOCD-Hobbs of operations via email.			
Spud Date: 8/2	31/12 Pia P	elease Date:	
Spud Date.	Kig K	lelease Date:	
I hereby certify that the information	ation above is true and complet	e to the best of my kno	owledge and belief.
SIGNATURE JOUNG	- Watts TITLE	Regulatory Reportin	g Technician DATE August 2, 2013
Type or print name Lau For State Use Only	ra Watts E-mail address	: <u>laura@yatespetro</u>	leum.com PHONE: <u>575-748-4272</u>
	Passed Auto more		DATE.
APPROVED ECCEPTED for Conditions of Approval (if any)	Record Only TITLE FOR P P - 2013	•	DATE
11	CO3 6-6-60	l .	