Submit I Copy To Appropriate District State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 HOBBS Officergy, Minerals and Natural Resources	S Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 MAY 07 2014. CONSERVATION DIVISION District III - (505) 334 6178	30-025-417455. Indicate Type of Lease
1000 Pio Perge Pd Artec NM 87410	STATE FEE
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505	6. State Oil & Gas Lease No. VB-1637
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	Toucan BUY State /
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other	9. OGRID Number
2. Name of Operator Yates Petroleum Corporation	025575
3. Address of Operator	10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	San Simon; Bone Spring, Northeast
4. Well Location	
Unit LetterD:200feet from theNorthline andUnit LetterM330feet from theSouthline and	<u>660</u> feet from the <u>West</u> line feet from the <u>West</u> line
Section 27 Township 21S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR	
3,585' GR	
12. Check Appropriate Box to Indicate Nature of Not	ice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL V	
TEMPORARILY ABANDON 🗍 CHANGE PLANS 🗍 COMMENCE	DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEI CASING/CEI	MENT JOB
CLOSED-LOOP SYSTEM	5' new hole
 Describe proposed or completed operations. (Clearly state all pertinent detail of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple proposed completion or recompletion. 	s, and give pertinent dates, including estimated date
5/2/14 – Made 7' new hole. TD 15'. Hole size 20". Notified Maxey Brown with NM	10CD-Hobbs of operations via e-mail.
Note: Set 30" culvert with locking device at 10' on 5/2/14.	
Spud Date:3/27/14Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my know	ledge and belief.
1 1	н. - С.
SIGNATURE Juna with TITLE Regulatory Reporti	ng Technician DATE <u>May 6, 2014</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>laura@yatespetr</u>	roleum.com PHONE: <u>575-748-4272</u>
For State Use Only Accepted for Record Only	
APPROVED BY:	DATE
Conditions of Approval (if any): -Mrk 577 2014	
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