Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDIA TION DIVIGION	30-025-40649
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 8750 OFF	STATE STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NIVI 8/3050	6. State Oil & Gas Lease No.
87505	TICES AND REPORTS ON WELLS SEP 1 7 2014	VO-8057/VO-8062
(DO NOT USE THIS FORM FOR PROI DIFFERENT RESERVOIR. USE "APP PROPOSALS.)	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH RECEIVED	Debension DCO State Com
<ol> <li>Type of Well: Oil Well</li> <li>Name of Operator</li> </ol>	Gas Well Other	9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Wildcat; Queen
4. Well Location		
Unit Letter M : Unit Letter P		480 feet from the West line feet from the East line
Section 36	Township 16S Range 32E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc., 4260'GR	
	7.4	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RÜLE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
9/15/14 – Made 5' new hole. TD 220'. Hole size 12".		
NOTE: Conductor with locking cap was set 8/6/12. At present, water has not been recorded in this wellbore		
Spud Date: 6/29/1	2 Rig Release Date:	
		en e
I hereby certify that the information	in above is true and complete to the best of my knowledge	e and belief.
ты кондорумината — С	: 1	
SIGNATURE AMC	TITLE Regulatory Reporting To	echnician DATE September 16, 2014
Type or print name Laura	Watts E-mail address: laura@yatespetroleur	n.com PHONE: 575-748-4272
For State Use Only		
	Accepted for Record Only	
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	MOB 9/18/2014	
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