| 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 | |
| 1625 N. French Dr., Hobbs, NM 88240 | 40 | | WELL API NO. | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-41783 | |
| District III – (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | STATE FEE | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Santa 1 C, 14141 07303 | | 6. State Oil & Gas Lease No. VO-8488 | |
| 87505 | | | VO-8488 | |
| | TICES AND REPORTS ON WE | | 7. Lease Name or Unit Agreement N | ame |
| (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 SET OF THE PROPOSALS.) | | | Petticoat BVI State | ŀ |
| PROPOSALS.) | ICATION FOR PERMIT" (FORM C-10 | HOBBOW | 8. Well Number | |
| 1. Type of Well: Oil Well | Gas Well Other | าการ | 1H | |
| 2. Name of Operator | | APR 3 0 2015 | 9. OGRID Number | |
| Yates Petroleum Corporation | | Mi | 025575 | |
| 3. Address of Operator | | RECEIVED | 10. Pool name or Wildcat | ļ |
| 105 South Fourth Street, Artesia, | NM 88210 | RECENT | Wildcat; Bone Spring | |
| 4. Well Location | | | | |
| Unit Letter D : : | 200 feet from the | North line and | feet from the West | line |
| Unit Letter M | 230 feet from the S | outh line and | 660 feet from the West | line |
| Section 21 | Township 18S | Range 36E | NMPM Lea County | 1 |
| 7.6 19 54 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19 | 11. Elevation (Show whether | | | 1 77 |
| | | 834' GR | | 142 |
| | 20000 | | | |
| 12 Chack | Appropriate Box to Indicat | e Nature of Notice | Report or Other Data | |
| 12. Check | Appropriate Box to indicat | c ivaluic of ivolice | , Report of Other Data | |
| NOTICE OF I | NTENTION TO: | SU | BSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK | | REMEDIAL WO | | G 🗌 |
| TEMPORARILY ABANDON - | CHANGE PLANS | COMMENCE DE | RILLING OPNS. P AND A | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | NT JOB | |
| DOWNHOLE-COMMINGLE | | | or in warther the | |
| CLOSED-LOOP SYSTEM |] | | | |
| OTHER: | | | ew hole | \square |
| | | | nd give pertinent dates, including estimate | |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | | | | |
| proposed completion or re | completion. | | • | |
| | | | | |
| 4/27/15 - Made 5' new hole. TD 9 | 95' Hole size 20" | | | |
| 4/27/13 - Widde 5 New Hole. 1D | 73 . Hole Size 20 . | | | |
| | | | | |
| Note: Set and cemented a 30" culv | ert with locking device on 6/17/1 | 4. | | |
| | S | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sand Date: 5/29/14 | Rig Releas | na Data: | | |
| Spud Date: 3/29/14 | Rig Releas | de Date. | | |
| | | | | |
| I be a become a single of the | n above is two and associate to t | ha hast of my knowled | go and haliaf | |
| I hereby certify that the informatio | n above is true and complete to t | ile pest of thy knowled | ge and benefit, and the second | |
| 02484 | 1 | e Cuillia a | | |
| SIGNATURE TAXA | Latto TITLE | Regulatory Reporting | Technician DATE April 28, 2015 | |
| | | | | |
| Type or print name Laura \ | Watts E-mail address: | laura@yatespetrole | <u>um.com</u> PHONE: <u>575-748-427</u> | 2 · · |
| For State Use Only | | | | <u> </u> |
| For State Use Only Ccepted | ror Record Only | | | |
| APPROVED BY: | TITLE | | DATE | |
| Conditions of Approval (if any): | | | | |