Submit 1 Copy To Appropriate District Office	it (State of New Mexico			Form C-10	
District I – (575) 393-6161	Energy, I	Energy, Minerals and Natural Resources			Revised August 1, 201	
1625 N. French Dr., Hobbs, NM 8824	0				WELL API NO.	
<u>District II</u> – (575) 748-1283	OIL CO	OIL CONSERVATION DIVISION			30-015-38259	
811 S. First St , Artesia, NM 88210 <u>District III</u> – (505) 334-6178		1220 South St. Francis Dr.			of Lease	
1000 Rio Brazos Rd, Aztec, NM 874	10				FEE	
<u>District IV</u> – (505) 476-3460		Santa Fe, NM 87505			as Lease No.	
1220 S. St Francis Dr, Santa Fe, NM 87505				VB-835		
SUNDRY N (DO NOT USE THIS FORM FOR PR		OR TO DEEPEN OR F	LUG BACK TO A	7. Lease Name of Oscuro BBC State	or Unit Agreement Name te Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well Gas Well Other				8. Well Number 1H		
2. Name of Operator				9. OGRID Numl	ber	
Yates Petroleum Corporation				025575		
3. Address of Operator				10. Pool name or Wildcat Willow Lake; Bone Spring, West		
105 South Fourth Street, Artes	1a, NM 88210	<u>, , , , , , , , , , , , , , , , , , , </u>		willow Lake; Bo	one Spring, West	
4. Well Location Unit Letter E :	1980 feet fro		th line and	330 feet from		
Unit Letter H	1980 feet fro	om the No	th line and	330 feet from	n the <u>East</u> line	
Section 12			tange 27E	NMPM Ede	dy County	
	11. Elevation	•	R, RKB, RT, GR, e	tc.)	Survey 1	
		310	0'GR			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER:	. CHANGE PL MULTIPLE C	ABANDON ANS ANS ANS ANS ANS ANS ANS ANS ANS AN	REMEDIAL WO COMMENCE D CASING/CEME OTHER: 5' ne I pertinent details, NMAC. For Multi	RILLING OPNS. NT JOB w hole and give pertinent dat ple Completions: At	ALTERING CASING P AND A Extension including estimated tach wellbore diagram of	
Cinan.				(<u>d</u>	ECEIVED	
					ECEIVED	
					MAR 22 2012	
			[NM	OGD ARTESIA	
Spud Date: 12/	30/10	Rig Release	Date:	(+e		
		,				
I hereby certify that the information	ntibn above is true ar	nd complete to the	heet of my knowle	dge and helief	· · · · · ·	
Thereby certify that the informa	i lon abovens irue an	id complete to the	dest of my knowle	uge and benet.		
SIGNATURE (\lambda	luerter	TITLE Re	oulatory Reporting	Supervisor DATE	March 21, 2012	
SIGNATURE_	thesas	IIILL <u></u>	guiatory reporting	Supervisor DATE	<u> </u>	
Type or print name Tina For State Use Only	Huerta E-m	nail address: tin	ah@yatespetroleum	n.com PHONE:	575-748-4168	
APPROVED A		1		,	,	
BY: Conditions of Approval (if any))isr #Siper	WIS 87	DATE_04/03	1002	
Conditions of Approval (II ally)	<i>)</i> •			, ,		