

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-38576				
2. Name of Operator Yates Petroleum Corporation		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>				
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210		6. State Oil & Gas Lease No. LG-2041				
4. Well Location Unit Letter <u>P</u> : <u>560</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Unit Letter <u>M</u> : <u>569</u> feet from the <u>South</u> line and <u>331</u> feet from the <u>West</u> line Section <u>2</u> Township <u>20S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		7. Lease Name or Unit Agreement Name Anthill AAK State Com				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3297' GR		8. Well Number 3H				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0"> <tr> <td> NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> </td> <td> SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> </td> </tr> <tr> <td>OTHER: <input type="checkbox"/></td> <td>OTHER: Completion Operations <input checked="" type="checkbox"/></td> </tr> </table>		NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: Completion Operations <input checked="" type="checkbox"/>	9. OGRID Number 025575
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OTHER: <input type="checkbox"/>	OTHER: Completion Operations <input checked="" type="checkbox"/>					
10. Pool name or Wildcat Undesignated; Bone Spring (Avalon Sand) ⁽⁴⁹⁶²²⁾						

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.

2/12/13 - NU BOP.
 2/13/13 - Tagged at 5543'. Drilled DV tool at 5547'. Tested casing from surface to PBTD at 2500 psi, good. Tagged float collar at 10,547'. Circulated hole with 2% KCL with CRW-132 Baker Petrolite chemical.
 2/14/13 - Worked across DV tool. Ran CBL/GR/CC log from 6353' to 1800'.
 2/18/13-3/20/13 - Perforated Bone Spring Avalon 6507'-10,537' (324). Acidized with 33,000g 7-1/2% HCL acid, frac with 3,139,049# total CRC 16/30 and Premium White 16/30 sand.
 3/25/13 - Cleaned hole down to PBTD at 10,547' and circulated clean.

Spud Date: 12/3/12 Rig Release Date: 1/10/13

RECEIVED
 APR 08 2013
 NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Tina Huerta* TITLE Regulatory Reporting Supervisor DATE April 5, 2013

Type or print name Tina Huerta E-mail address: tinah@yatespetroleum.com PHONE: 575-748-4168
For State Use Only

APPROVED BY: *J. Wade* TITLE Dist. J. Sepowick DATE 4/11/13
 Conditions of Approval (if any):