Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-21896
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Jackson GM 8. Well Number
PROPOSALS.)	Con Wall M. Other	8. Well Number
Type of Well: Oil Well Name of Operator	Gas Well 🛛 Other	9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia, 1	NM 88210	Eagle Creek; Atoka-Morrow, EAST 16250
4. Well Location Unit Letter N: 660 feet from the South line and 1650 feet from the West line		
Section 24	Township 17S Range 25E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM Eddy County
	3468'GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	NTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR	
PULL OR ALTER CASING		T JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Name	correction for databases
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.		
proposed completion or re-	completion.	
Correct well name from Jackson Gl	M Com #1 to Jackson GM #1	DECEIVED
		RECEIVED
·		JUL 2 3 2013
A1		
Kell name will be changed NMOCD ARTESIA		
Well name will be changed upon completion in the atoka-		
supply and supply the		
Morrow pool		
//2007		
Spud Date:	Rig Release Date:	
		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
thereby certify that the information above is true and complete to the best of my knowledge and benefit.		
SIGNATURE TITLE Regulatory Reporting Supervisor DATE July 23, 2013		
Type or print name Tina Hu	erta E-mail address: <u>tinah@yatespetroleu</u>	m.com PHONE: 575-748-4168
For State Use Only	E-man address. <u>iman@yatespetroleu</u>	m.com 1 110 NE. <u>575-740-4100</u>
	N AS David	C
APPROVED BY: AND GOVE	TITLE D. S. ZOPEW	DATE (tuly 24, 2013
Conditions of Approval (if any):	·	•