Submit 1 Copy To App	ropriate District	State of New Me	exico	Form C-103
Office <u>District I</u> – (575) 393-6	161	Energy, Minerals and Natu	ral Resources	Revised July 18, 2013
1625 N. French Dr., Ho District II – (575) 748-1				ELL API NO. 30-015-38419
811 S. First St., Artesia	, ŅM 88210	OIL CONSERVATION	1 3	Indicate Type of Lease
<u>District III</u> – (505) 334- 1000 Rio Brazos Rd., A		1220 South St. Fran	ncis Dr.	STATE FEE
District IV - (505) 476-	-3460	Santa Fe, NM 87	/505 6.	State Oil & Gas Lease No.
1220 S. St. Francis Dr., 87505	Santa re, inivi			VO-7679
(DO NOT USE THIS F	ORM FOR PROPO	CICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLU ICATION FOR PERMIT" (FORM C-101) FO	UG BACK TO A	Lease Name or Unit Agreement Name Coltrane BQR State Com
PROPOSALS.)	OIR. USE APPL		8.	Well Number
1. Type of Well: 0		Gas Well Other		1H
2. Name of Operate Yates Petroleum C			9.	OGRID Number - 025575
3. Address of Ope			10	Pool name or Wildcat
105 South Fourth S		NM 88210		Wildcat; Bone Spring
4. Well Location				
Unit Letter Unit Letter	<u>P</u> : _	430 feet from the South 660 feet from the South		
Section	36	Township 25S Rai	nge 31E Ni	MPM Eddy County
ka hari		11. Elevation (Show whether DR, 3299	, RKB, RT, GR, etc.)	
			· · ·	
	12. Check	Appropriate Box to Indicate N	ature of Notice, Rep	port or Other Data
. NC	TICE OF I	NTENTION TO:	SUBSE	QUENT REPORT OF:
PERFORM REME			REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY A		CHANGE PLANS		IG OPNS.□ P AND A
PULL OR ALTER O] MULTIPLE.COMPL	CASING/CEMENT JC	B. L. L
CLOSED-LOOP SY		1		
OTHER: .			OTHER: 5' new ho	
		pleted operations. (Clearly state all poors). SEE RULE 19.15.7.14 NMAC		ve pertinent dates, including estimated date
		completion. ····		
•			v <i>v</i>	
12/14/13 – Made 5'	new hole. TD	285'. Hole size 10". Notified Randy	y Dade NMOCD-Arteși	a of operations via email.
		•	•	
				E SENCED
		·		RECEIVED
Spud Date:	1/31/11	Rig Release Da	ate:	DEC 17 2013
610 L			To that is a second trace of the contract	NMOCD APTES'A
	•		, is	
i nereby-certify-that	the information	i above is true and complete to the be	est of my knowledge an	d-bener, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CIÓNIATURE SOLO	ABALLI 📋	1 10.44		
SIGNATURE -	-acuna		ulatory Reporting Techr	nician DATE December 16, 2013
Type or brint name	Cunc- Laura W	M. M. area of the Control of the Con	ulatory Reporting Techr	DATE December 16, 2013
Type or print name For State Use Only	Laura W	Vatts E-mail address: <u>la</u>	, CRINCOMPERE	
For State Use Only	Accepted	Vatts E-mail address: la	, CRINCOMPERE	m PHONE: 575-748-4272
For State Use Only APPROVED BY:	Accepted NM	Vatts E-mail address: <u>la</u>	, CRINCOMPERE	
For State Use Only	Accepted NM	Vatts E-mail address: la	, CRINCOMPERE	m PHONE: 575-748-4272