Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103	
District I – (575) 393-6161	Energy, Minerals and Natural Resources		WWW. I DIVIS	Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	·		WELL API NO.	30-015-39858	
811 S. First St., Artesia, NM 88210	OIL CONSERVA	TION DIVISION		5. Indicate Type of Lease	
District III – (505) 334-6178	1220 South St. Francis Dr.		STATE	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	.		V-3459		
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			Southland Ro	7. Lease Name or Unit Agreement Name Southland Royalty APM State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number		
2. Name of Operator			i	9. OGRID Number	
Yates Petroleum Corporation				025575 10. Pool name or Wildcat	
3. Address of Operator105 South Fourth Street, Artesia, NM 88210				Turkey Track; Bone Spring	
4. Well Location					
Unit Letter O : O Unit Letter B	200 feet from the feet from the	South line and line and	$\frac{1800}{2032} \qquad \text{feet fro} $ feet fro		
Section 24	Township 199	 -			
Section 24 Township 19S Range 29E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,363' GR					
	<u> </u>	3,505 GK			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	_ '		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS					
PULL OR ALTER CASING					
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM	are From which	OTHER:	Reset tubing		
13. Describe proposed or comp	oleted operations. (Clearly sta				
	ork). SEE RULE 19.15.7.14				
,	•			NM OIL CONSERVATION	
				· ARTESIA DISTRICT	
11/13/14 – Reset 2-7/8" 6.40# L-80	tubing at 7,798'.			DEC 0 5 2014	
				i	
				RECEIVED	
Smud Date: 2/11/14	n' n l	D. (4/22/14		
Spud Date: 2/11/14	Rig Reie	ease Date:	·		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
$oldsymbol{\lambda}_{i} = oldsymbol{\lambda}_{i} + old$					
SIGNATURE Com and	Catha TITLE	Regulatory Reportin	g Technician DAT	E December 4, 2014	
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Type or print/name Laura W For State Use Only	atts E-mail address	s: laura@yatespetrol	eum.com PHON	NE: <u>575-748-4272</u>	
	Julo	1-75	2011/10	Intil lat	
APPROVED BY: Conditions of Approval (if any):	TITLE	1 105TCH SY	D	ATE 10/10/19	
conditions of ripproval (if ally).		•		the second of th	