Submit I Copy To Appropriate District State of Ne			Form C-103 Revised July 18, 2013	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II - (575) 748-1283		DIVISION	30-015-40815	
<u>District III – (505) 334-6178</u> 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE STATE		
000 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-120		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(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			Medano VA State	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other   2. Name of Operator			9. OGRID Number 025575	
Yates Petroleum Corporation			3. OGRID Number 025575	
3. Address of Operator 105 South Fourth Street Artesia, NM 88210			10. Pool name or Wildcat James Ranch; Bone Spring	
4. Well Location		· · · ·		
Unit Letter A : 200' feet from the North line and 990' feet from the East line				
Section 16	Township 23S Ra	$\frac{1}{RKR} \frac{31E}{RKR} \frac{1}{RKR} $	NMPM Eddy Coun	ity
3361'				
12. Check A	Appropriate Box to Indicate N	ature of Notice, 1	Report or Other Data	
NOTICE OF IN       PERFORM REMEDIAL WORK       TEMPORARILY ABANDON       PULL OR ALTER CASING       DOWNHOLE COMMINGLE	TENTION TO:       PLUG AND ABANDON       CHANGE PLANS       MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	LLING OPNS. P AND A	
CLOSED-LOOP SYSTEM			of location and drilling plan.	
13. Describe proposed or comp	leted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC ompletion.	pertinent details, and	give pertinent dates, including e	
Yates Petroleum Corporation wishes FEL. The Section, Township and R				L and 990'
FEL. The Section, Township and K	ange win remain the same being Se		Б.	
Bottom hole	location same	?		
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information	above is true and complete to the h	est of my knowledge	and belief	
"I noteby certify that the imprimation		cst of my knowledge		
SIGNATURE	M TITLE Land	Regulatory Ac	gentDATE8/3/	'15
Type or print name	E-mail address	<u>.</u>	PHONE:	
For State Use Only	Δ			
APPROVED BY: AUX	$\int \int $	THERE	5 DATE 8/14/	15

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Conditions of Approval (if any):