Submit 1 Copy To Appropriate District State of New Mexico Office State of New Mexico				Form C-103 AM
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240 <u>District II</u>	French Dr., Hobbs, NM 88240 U. CONISED VATION DIVISION		WELL API NO. 30-015-37537	00.0001 13, 2005
District III 1220 South St. Francis Dr.		ncis Dr.		FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease	No.
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			7. Lease Name or Unit Ag Maduro BOZ State	greement Name
PROPOSALS)	Well OtheRFC	EIVED	8. Well Number 1H	
2. Name of Operator Yates Petroleum Corporation	MAR	1.7 2010	9. OGRID Number 025575	
3. Address of Operator 105 South Fourth Street, Artesia, NM 8		ARTESIA	10. Pool name or Wildcat Wildcat; Bone Spring	
4. Well Location Unit Letter P: 660	feet from the South		330 feet from the	East line
Section 10	Township 25S Ra	nge 27E		County
	Elevation (Show whether DR 3178		- A	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CASING/CEMENT JOB CASI				
OTHER: OTHER: 5' new hole				
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.				
3/10/10 - Made 5' new hole at 1:15 PM. TD 20'. Hole size 12-1/4".				
			,	
		,		
Spud Date: 2/1/10	Rig Release D	ate:		
I homely a satisfy that the information of a	es in two and accordance to the h			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Compliance Supervisor DATE March 15, 2010				
Type or print name E-mail address: PHONE: PHONE: 575-748-4168 For State Use Only				
APPROVED BY: Conditions of Approval (if any):	TITLE Fiel	d Supervisor	C DATE 3-	18-2010