Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103 October 13, 2009	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	000000113, 2003
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-015-37537	
District III	1220 South St. Francis Dr.			5. Indicate Type of I	Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil & Gas L	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or U.	nit 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				Maduro BOZ State	
PROPOSALS.)				8. Well Number	
2. Name of Operator				9. OGRID Number	
Yates Petroleum Corporation	AUG 31 2010		025575		
3. Address of Operator			10. Pool name or Wildcat		
105 South Fourth Street, Artesia, 14. Well Location	NMOCD ARTESIA		Wildcat; Bone Spring		
Unit Letter P :	660 feet from the	South 1	ine and	330 feet from the	e East line
Section 10	Township	25S Range	27E	NMPM Eddy	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
	ने तर्दे इ.स.	3178'GR			the second of the second
12 Check	Appropriate Box to	Indicate Natur	e of Notice	Report or Other Da	ata
•		marcate ivatar		•	
	NTENTION TO:			SEQUENT REPO	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A					
TEMPORARILY ABANDON					
DOWNHOLE COMMINGLE	=""				
OTHER:		ПОТ	HER: 5' new l	hole	\bowtie
13. Describe proposed or com		rly state all pertin	ent details, and	d give pertinent dates,	
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 of re	completion.				
8/25/10 – Made 5' new hole at 12:30 PM. TD 65'. Hole size 12-1/4".					
					7
Spud Date: 2/1/10	Ri	g Release Date:			
L			<u></u>]
I hereby certify that the information	a above is true and comm	lete to the best of	my knowledg	e and halief	
Thereby certify that the information	1 above is true and comp	nete to the best of	my knowledge	e and benef.	
370777 J \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 + =	mrn n l	G 1:	G : D. M.	4
SIGNATURE ()	there 1	TLE Regulator	y Compliance	Supervisor DATE _	August 27, 2010
Type or print name Tina Hu	ierta E-mail a	ddress: <u>tinah@</u>	yatespetroleur	m.com PHONE:	575-748-4168
For State Use Only		_	_		
APPROVED BY DUBO	JOSE TI	TLE COMPTICE	nce Oafr	eC DATE	8-31-10
Conditions of Approval (if any):					