Submit 1 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.
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 Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	
(DO NOT USE THIS FORM FOR PROP	ICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Maduro BOZ State
PROPOSALS.)	Gas Well Other	8. Well Number
<ol> <li>Type of Well: Oil Well</li> <li>Name of Operator</li> </ol>	Gas well Other	9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator 105 South Fourth Street, Artesia,	NM 88210	10. Pool name or Wildcat Wildcat; Bone Spring
4. Well Location		
Unit Letter P:	660 feet from the South line and	330 feet from the East line
Section 10	Township 25S Range 27E	NMPM Eddy County .
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3178'GR	<i>'</i>
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   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐		
DOWNHOLE COMMINGLE		
OTHER:	OTHER: 5' new	
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.		
11/8/10 – Made 5' new hole at 11:30 AM. TD 85'. Hole size 12-1/4".		
		RECEIVED
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		NMOCD ARTESIA
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Spud Date: 2/1/10	Rig Release Date:	
I have be a set if a that the information	n above is true and complete to the best of my knowledge	and haliaf
Thereby certify that the information	above is true and complete to the best of my knowledge	ge and benef.
SIGNATURE ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
SIGNATURE ( )	TITLE Regulatory Compliance S	upervisor DATE November 9, 2010
Type or print name Tina Hu	uerta E-mail address: tinah@yatespetroleu	m.com PHONE: <u>575-748-4168</u>
For State Use Only		,
Accepted for record	TITLE	DATE 11- 24-10 1
Conditions of Conditions al (if any):		roll