| Submit I Copy To Appropriate District Office  | State of New M                        |                              | •                            | Form C-103          |
|---|---------------------------------------|------------------------------|------------------------------|---------------------|
| District I  | Energy, Minerals and Nat              | tural Resources              | HIPLIA                       | October 13, 2009    |
| 1625 N French Dr., Hobbs, NM 88240<br>District II   |                                       |                              | WELL API NO.<br>30-015-37495 |                     |
| 1301 W Grand Ave, Artesia, NM 88210   |                                       |                              | 5. Indicate Type of Lease    |                     |
| District III 1220 South St. Francis Dr  |                                       | ancis Dr.                    | STATE STEE                   |                     |
| 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   |                                       |                              | VO-7347                      |                     |
| 87505 SUNDRY NO   | TICES AND REPORTS ON WELL             | S                            | 7. Lease Name or Unit A      | greement Name       |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |                                       |                              | Torpedo BOW State Com        | _                   |
| DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)   |                                       |                              | 8. Well Number               |                     |
| 1. Type of Well: Oil Well   | Gas Well Other                        |                              | 1H                           |                     |
| 2. Name of Operator   |                                       |                              | 9. OGRID Number              |                     |
| Yates Petroleum Corporation   |                                       |                              | 025575                       |                     |
| 3. Address of Operator  |                                       |                              | 10. Pool name or Wildcat     |                     |
| 105 South Fourth Street, Artesia,   | NM 88210                              |                              | Wildcat                      |                     |
| 4. Well Location Unit Letter P  | 660 feet from the Sour                | th line and 3                | 30 feet from the             | West line           |
|   |                                       | <del></del>                  | <del></del>                  | 1-0/1               |
| Section 11  |                                       |                              | NMPM Eddy (                  | County              |
|   | 11. Elevation (Show whether Di        | R, KKB, K1, GK, eic)<br>0'GR | Water a                      | SACATOR S           |
| Total Revenue: 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -  |                                       |                              |                              | <u> </u>            |
| 12. Check   | Appropriate Box to Indicate 1         | Nature of Notice, R          | Report or Other Data         |                     |
|   | • •                                   | ,                            | -                            |                     |
|   |                                       |                              | SEQUENT REPORT OF:           |                     |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |                                       |                              | <del>-</del>                 | ING CASING 🔲        |
| TEMPORARILY ABANDON   |                                       |                              |                              | A Ц                 |
| _   |                                       | CASING/CEMENT                | JOB $\square$                |                     |
| DOWNHOLE COMMINGLE  | ]                                     |                              |                              |                     |
| OTHER:  |                                       | OTHER: 5' new ho             | le                           | $\boxtimes$         |
| 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 re   | ecompletion.                          |                              |                              |                     |
| 6/24/11 Made 5' new hole at 1:3   | 0 PM. TD 135'. Hole size 10''. No     | stified Darold Gray NN       | AOCD-Artesia of operation    | ne via amail        |
| 0/24/11 – Wade 5 Hew Hole at 1.5  | o FM. 1D 133. Hole size 10. No        | nitied Datoid Gray INN       | AOCD-Artesia of operation    | iis via ciliali.    |
|   |                                       |                              |                              |                     |
|   |                                       |                              |                              |                     |
|   |                                       |                              |                              |                     |
|   |                                       |                              | JUN 2 9 2011<br>OCD ARTESIA  |                     |
|   |                                       | RE                           | =CEIVED                      |                     |
|   |                                       | 1                            | HIN 2 9 2011                 |                     |
|   |                                       | 1.                           | JUN 20 -                     |                     |
|   |                                       | \ nina                       | OCD ARTESIA                  |                     |
|   |                                       | IAIAI                        | 001                          |                     |
|   |                                       |                              |                              |                     |
| 0/07/1  |                                       | 3 Mg                         |                              |                     |
| Spud Date: 2/26/1   | Rig Release D                         | Date:                        |                              |                     |
|   |                                       |                              |                              |                     |
|   |                                       |                              |                              |                     |
| I hereby certify that the information   | n above is true and complete to the l | est of my knowledge          | and belief.                  |                     |
|   | 1                                     |                              |                              |                     |
| SIGNATURE ( )   | TITLE Regul                           | atory Compliance Sup         | ervisor DATE June 2          | 28 2011             |
| oronarione (Caraca)   | TILL Regul                            | atory compitance sup         | DATE Jule 2                  | 0, 2011             |
| Type or print name Tina Hu  | uerta E-mail address: t               | inah@yatespetroleum.         | com PHONE: 57                | <u> 15-748-4168</u> |
| For State Use Only  |                                       |                              |                              |                     |
| Accepted David  | ۸                                     | ld supervisor                | DATE 7-                      | 15-11               |
| APPROVED BY: Our Conditions of Approval (if any):   | Trans LILLE LIG                       | ya scheinizar                | DATE                         | UII                 |
| contamono or repproved (if enty).   |                                       |                              |                              |                     |