| Office Office                                                                                                                                                       | State of New Mo            |                          | Form C-103                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-----------------------------------------|
| <u>District I</u> – (575) 393-6161                                                                                                                                  | Energy, Minerals and Nati  | ural Resources           | Revised August 1, 2011                  |
| 1625 N. French Dr , Hobbs, NM 88240                                                                                                                                 |                            |                          | WELL API NO.                            |
| <u>District II</u> – (575) 748-1283<br>811 S First St., Artesia, NM 88210                                                                                           | OIL CONSERVATION           | N DIVISION               | 30-015-33715                            |
| District III – (505) 334-6178                                                                                                                                       | 1220 South St. Francis Dr. |                          | 5. Indicate Type of Lease               |
| 1000 Rio Brazos Rd, Aztec, NM 87410                                                                                                                                 | Santa Fe, NM 8             |                          | STATE STEE STEE                         |
| <u>District IV</u> – (505) 476-3460<br>1220 S St Francis Dr, Santa Fe, NM                                                                                           | Salita Pe, INIVI 6         | 7303                     | 6. State Oil & Gas Lease No.<br>VB-0539 |
| SLINDRY NOT                                                                                                                                                         | ICES AND REPORTS ON WELLS  | <u> </u>                 | 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                  |                            |                          | Hedgerow BFH State Com                  |
| PROPOSALS)  1. Type of Well: Oil Well Gas Well Other                                                                                                                |                            | 8. Well Number           |                                         |
| 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                                                                                                                          |                            | Saladar; Strawn          |                                         |
| 4. Well Location Unit Letter M: 660 feet from the South line and 1219 feet from the West line                                                                       |                            |                          |                                         |
| Section 28 Township 20S Range 28E NMPM Eddy County                                                                                                                  |                            |                          |                                         |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                  |                            |                          |                                         |
| 3212'GR                                                                                                                                                             |                            |                          |                                         |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                        |                            |                          |                                         |
| NOTICE OF IN                                                                                                                                                        | NTENTION TO:               | SUB                      | SEQUENT 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                                                                                                                                                  |                            |                          |                                         |
| OTUED:                                                                                                                                                              |                            | OTHER: Name              | change                                  |
| OTHER: OTHER: Name change   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.                                                                                                                                |                            |                          |                                         |
|                                                                                                                                                                     |                            |                          |                                         |
| Former Wellname: Hedgerow BFH State Com #1                                                                                                                          |                            |                          |                                         |
| New Wellname: Hedgerow BFH St                                                                                                                                       | rate-#1                    |                          | RECEIVED                                |
| Effective 1/08                                                                                                                                                      |                            |                          | i i                                     |
|                                                                                                                                                                     |                            |                          | JUL <b>1 9</b> 2012                     |
| 1/10/08                                                                                                                                                             |                            |                          | NMOCD ARTESIA                           |
| THILSIA                                                                                                                                                             |                            |                          |                                         |
|                                                                                                                                                                     |                            |                          |                                         |
|                                                                                                                                                                     |                            |                          |                                         |
|                                                                                                                                                                     |                            |                          |                                         |
|                                                                                                                                                                     |                            |                          |                                         |
| Spud Date:                                                                                                                                                          | Rig Release D              | Notes                    |                                         |
| Spud Date.                                                                                                                                                          | Kig Keledse D              | vate.                    |                                         |
|                                                                                                                                                                     |                            | _                        |                                         |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                            |                            |                          |                                         |
|                                                                                                                                                                     |                            |                          |                                         |
| SIGNATURE TITLE Regulatory Reporting Supervisor DATE July 17, 2012                                                                                                  |                            |                          |                                         |
| Type or print name Tina Huerta E-mail address: tinah@yatespetroleum.com PHONE: 575-748-4168                                                                         |                            |                          |                                         |
| For State Use Only                                                                                                                                                  |                            |                          |                                         |
| APPROVED BY: (T) Will tide TITLE /) STH. SCOULSED DATE 2/20/2017                                                                                                    |                            |                          |                                         |
| APPROVED BY: // // DATE //00/00/2 DATE //00/00/2 Conditions of Approval (if any):                                                                                   |                            |                          |                                         |
| = = · · · · · · · · · · · · · · · · · ·                                                                                                                             |                            |                          |                                         |