Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-40537		
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			VB-0669		
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 PROPOSALS)			7. Lease Name or Unit Agreement Name Herradura Unit 8. Well Number		
1. Type of Well: Oil Well Gas Well Other			4H		
2. Name of Operator				9. OGRID Number	
Yates Petroleum Corporation 3. Address of Operator			025575 10. Pool name or Wildcat		
105 South Fourth Street, Artesia, NM 88210			Wildcat; Bone Spring		
4. Well Location Surface Lot 2 : BHL O :	510 feet from the Nor 660 feet from the Sou	th line and	1910 feet from the	East line East line	
Section 4 Township 24S Range 25E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3735'GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [PULL OR ALTER CASING [INTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WOR	ILLING OPNS. P AND A	IG CASING 🔲	
OTHER:		OTHER: 5' new		\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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
10/17/12 – Made 5' new hole at 9:30 AM. TD 25'. Hole size 12-1/4". Notified Randy Dade NMOCD-Artesia of operations via email.					
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			NMOCD /	ARTESIA	
Sand Date: 8/3/	12				
Spud Date:	Rig Release I	Date:			
	1				
I hereby certify that the information	n above is true and complete to the	best of my knowledg	ge and belief.		
SIGNATURE TITLE Regulatory Reporting Supervisor DATE October 18, 2012					
Type or print name Tina H	uerta E-mail address: tina	ah@yatespetroleum.c	com PHONE: 575-	-748-4168	
For State Use Only	1.	- 1 S m	,	306	
APPROVED BY: Conditions of Approval (if any):	TITLE US	a Depluiss	DATE 10/-	sy/r	