Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
District 1 *** 16 J.J. French Dr., Hobbs, NM 88240	Energy, Minerals and Nati		May 27, 2004 LL API NO.
District II	OIL CONSERVATION	TDIVICION	30-015-34960
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra	5 I	ndicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505			
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. LISE "APPLICATION FOR PERMIT" (FORM CLIO) FOR SUICH			Lease Name or Unit Agreement Name Swisher BJE State
Type of Well: Oil Well Gas Well Other			Vell Number
2. Name of Operator			OGRID Number
Yates Petroleum Corporation			025575
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210		10.	Pool name or Wildcat Wildcat Wolfcamp
4. Well Location			
Unit Letter M: 660 feet from the South line and 660 feet from the West line			
Section 34		inge 27E NMI	
	11. Elevation (Show whether DR 3292		and the second of the second o
Pit or Below-grade Tank Application or Closure			
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
			☐ ALTERING CASING ☐
TOLE ON ALTEN CASINO	MOETH LE COMP E	CAGINO/CEIVIEIVI 30B	
OTHER: OTHER: 5' new hole 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.			
3/30/07 - TD 80'. Made 5' new hole at 9:00 AM. Hole size 18".			
5/50/07 1D 00 . Made 5 new note at 5.00 / twi. Hole size 10 .			
			belief. I further certify that any pit or below- attached) alternative OCD-approved plan .
SIGNATURE (April 2, 2007) TITLE Regulatory Compliance Supervisor DATE April 2, 2007			
Type or print name Tina Huert	E-mail address:	tinah@ypcnm.com	Telephone No
For State Use Only Acce	epted for record - NMOCIDILE		//
APPROVED BY: Conditions of Approval (if any):	· NMOCDTLE		DATE 4/6/07