Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.	
1625 N French Dr., Hobbs, NM 88240 District II	TT			30-015-37537
1301 W. Grand Ave, Artesia, NM 88210				5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410			STATE STATE	
District IV	rict IV Santa Fe, NM 8/505			6. State Oil & Gas Lease No.
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 USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				7. Lease Name or Unit Agreement Name Maduro BOZ State 8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Qther				1H
2. Name of Operator RECEIVED				9. OGRID Number
Yates Petroleum Corporation			0040	025575
3. Address of Operator		MAY 12	2010	10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	A A A A A A A A A A A A A A A A A A A	TECIA	Wildcat; Bone Spring
4. Well Location	660 6 6 4	NMOCD AF		
Unit Letter P:	660 feet from the	South	line and	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				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF I	NTENTION TO:	İ	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DON 🗌 RI	EMEDIAL WOR	
TEMPORARILY ABANDON				LLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE]			
OTHER:			THER: 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
5/5/10 – Made 5' new hole at 9:30 AM. TD 35'. Hole size 12-1/4".				
2/1/1	0 ,	Die Deleser Deter		
Spud Date:		Rig Release Date:		
-				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Thereby certify that the information above is true and complete to the best of my knowledge and belief.				
11.	<u> </u>			
SIGNATURE TITLE Regulatory Compliance Supervisor DATE May 11, 2010				
The Time of the Ti	routo T	Lodduo (* 17	Drugge 4 - 1	DIJONE: 575 740 4160
Type or print name Tina H For State Use Only	uerta E-mai	l address: <u>tinah</u> (<u>@yatespetroleur</u>	m.com PHONE: <u>575-748-4168</u>
APPROVED BY: 1) and when title Field Supervisor Date 5-12-2010				
Conditions of Approval (if any):	-0		V	

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