Submit 1 Copy To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-015-37997 5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE STEE
District 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 Rudolph ATX State Com 8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well ⊠ Gas Well ⊠ Other	3H
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation	025575
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210	10. Pool name or Wildcat Lusk; Bone Spring, West
4. Well Location	
Unit Letter M: 330 feet from the South line and 660 feet from the West line	
Section 16 Township 19S Range 31E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc., 3472'GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
DOWNHOLE COMMINGLE	. 005
OTHER.	∑
OTHER: OTHER: Set conductor 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.	
9/22/10 – Drilled 10' of 36" hole, set and cemented 30" conductor at 12:45 PM. A locking cap was installed on the conductor. Notified	
Mike Bratcher w/NMOCD-Artesia of operations via email.	
	DECENTED
RECEIVED	
	SEP 24 2010
1	
	NMOCD ARTESIA
Spud Date: 7/30/10 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certary that the information above is the and complete to the best of my knowledge and benefit	
SIGNATURE TITLE Regulatory Compliance Supervisor DATE September 23, 2010	
Type or print name Tina Huerta E-mail address: tinah@yatespetroleur For State Use Only	m.com PHONE: <u>575-748-4168</u>
APPROVED BY: David Way TITLE Field Supervisor DATE 9-30-10 Conditions of Approval (if any):	