Submit 1 Copy To Appropriate Distric	t State of New Mexico	Form C-103
Office District I	State of New Mexico BBS OCD nergy, Minerals and Natural Resource	October 13, 2009
1625 N French Dr , Hobbs, NM	BB3 G G G G G G G G G G	WELL API NO.
District II	and antique CONSERVATION DIVISIO	N 30-005-29175
District III	6°11 200 IL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 8741	0 Conta Eq. NM 97505	
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM 87505	BECEIAER	VB-0855
07303	OTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
DIFFERENT RESERVOIR USE "AI	PPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
PROPOSALS.)	/ /	1
1. Type of Well: Oil Well	Gas Well Other	
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artes	ia, NM 88210	Wildcat; Abo
4. Well Location		
Unit Letter A:	430 feet from the North line and	430 feet from the East line
Section 35	Township 15S Range 3 11. Elevation (Show whether DR, RKB, RT, C	
	4370'GR.	JK, etc.)
The second secon	4370 GR .	
	_	
12. Che	ck Appropriate Box to Indicate Nature of N	otice, Report or Other Data
NOTICE OF	FINTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	☐ CHANGE PLANS ☐ COMMEN	CE DRILLING OPNS. ☐ P AND A ☐
PULL OR ALTER CASING	□ MULTIPLE COMPL □ CASING/C	CEMENT JOB
DOWNHOLE COMMINGLE		
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
8/8/11 - Made 5' new hole at 12	2:30 PM. TD 50'. Hole size 12-1/4". Notified E.L.	Gonzales NMOCD-Hobbs of operations via email.
3/	1/11	
Spud Date: 3/	1/11 Rig Release Date:	
I hereby certify that the informa	tion above is true and complete to the best of my kn	owledge and belief
Thereby certify that the informa	ition above is true and complete to the best of my kin	owiedge and benef.
1.		
SIGNATURE (\(\lambda \)	TITLE Regulatory Compli	iance Supervisor DATE August 9, 2011
SIGNATURE CAND	TITLE Regulatory Compris	DATE August 9, 2011
Type or print nameTina	Huerta E-mail address: tinah@yatesp	etroleum.com PHONE: 575-748-4168
• • •	E-man address. unanwyatesp	CHOICHII.COII THONE. 3/3-/40-4100
For State Use Only		
APPROVED BY: STATE STATE MAZ DATE 8-15-2011		
Conditions of Approval (if any):		
Conditions of Approval (II any)	//	4 5 2011
•		AUG 1 5 2011