Submit I Copy To App Office	propriate District		ate of New Mo				Form C		
District I	obbs NM 88240	Energy, M	inerals and Natu	iral Resources	WELL AI	PINO. /	October 13	3, 2009	
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM SOBBS OCOIL CONSERVATION DIVISION						30-005-29096			
District III 1220 South St. Francis Dr.						5. Indicate Type of Lease STATE FEE			
1000 Rio Brazos Rd, Aztec, NM 87410 District IV SEP 2 2 2011 Santa Fe, NM 87505						6. State Oil & Gas Lease No.			
1220 S St Francis Dr 87505	, Santa Fe, NM				VO-7394		,		
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 Mongoose BLM State 8. Well Number			
1. Type of Well:		Gas Well	Other /		1H		<u> </u>		
2. Name of Operator Yates Petroleum Corporation						9. OGRID Number 025575			
3. Address of Operator						10. Pool name or Wildcat			
105 South Fourth Street, Artesia, NM 88210						Abo-Wolfcamp			
·4. Well Location Surface BHL Section		feet from feet from Township	the Sout			eet from the eet from the Chaves	East West County	line line	
Section 4				, RKB, RT, GR, etc.		Chaves	To the		
	12. Check A	ppropriate Bo	x to Indicate N	Vature of Notice,	Report or	Other Data			
N/	OTICE OF IN			,	•	IT REPORT	r OF:		
PERFORM REME TEMPORARILY A PULL OR ALTER DOWNHOLE COM	DIAL WORK DANDON DO CASING	PLUG AND ABA CHANGE PLAN MULTIPLE COM	ANDON 🗌	REMEDIAL WOF COMMENCE DR CASING/CEMEN	RK ILLING OPN	☐ ALTER	RING CASIN	G 🔲	
OTHER				OTHER E					
of starting		rk). SEE RULE 1		OTHER: 5' new pertinent details, an C. For Multiple Co	d give pertin			ed date	
9/14/11 – Made 5' 1	new hole at 12:00	PM. TD 140'. H	Hole size 10". No	otified E.L. Gonzale	s NMOCD-	Hobbs of opera	tions via ema	ail.	
NOTE: Conductor approximately 200'					estimated to	op of fresh wate	er could be		
Spud Date:	4/30/10		Rig Release Da	ate:					
				L.,					
I hereby certify that	the information a	bove is true and o	complete to the b	est of my knowledg	e and belief.				
SIGNATURE	Mine H	write	TITLEReg	ulatory Compliance	Supervisor	_ DATESe	ptember 19, 2	<u>2011</u>	
Type or print name For State Use Only		ta E-n	/ _	nah@yatespetroleur		PHONE:5	_		
APPROVED BY: Conditions of Appro	oval (if apy):	John	fitle_	AFF MAR		DATE	9-23-0	(0)	