Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August 1, 2011
<u>District 1</u> – (575) 393-6161 1625 N. French Dr , Hobbs, NM 88240	25 N. French Dr. Hobbs, NM 88240		WELL API NO.
District III - (575) 748-1283 811 S First St, Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874AUG 0 8 2012 District IV (505) 476-3460 Santa Fe. NM 87505			30-025-40649  5. Indicate Type of Lease
		STATE S FEE	
District IV – (505) 476-3460 AG Salita FC, INIVI 67505  1220 S St. Francis Dr., Santa Fe, NM  87505			6. State Oil & Gas Lease No. VO-8057/VO-8062
SUNDRY NOR PAPER OF 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 Bohemian BSO State Com
PROPOSALS)			8. Well Number
1. Type of Well: Oil Well   Gas Well   Other  Other			9. OGRID Number
Yates Petroleum Corporation			025575  10. Pool name or Wildcat
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210			Wildcat; Queen
4. Well Location			
	feet from the South feet from the South		480 feet from the West line 7
Section 36		nge 32E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4260°GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	ΓΕΝΤΙΟΝ ΤΟ:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
TEMPORARILY ABANDON  PULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL	COMMENCE DRI	_
DOWNHOLE COMMINGLE		O IOMO O EMEN	
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.			
8/6/12 – Opened hole to 36" to a depth of 13'. Set and cemented 13' of 30" conductor with a locking cap at 3:35 PM. TD 15'.			
Notified E.L. Gonzales NMOCD-Hobbs of operations via email.			
	<del></del>		<del></del>
Spud Date: 6/29/12	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE ( August 7, 2012 TITLE Regulatory Reporting Supervisor DATE August 7, 2012			
Type or print name Tina Huer For State Use Only	ta E-mail address: tii	nah@yatespetroleur	n.com PHONE: <u>575-748-4168</u>
APPROVED BY: EL STATE STATE DATE 8-13-2012			
Conditions of Approval (if any):			
	•		AUG 1 4 2012 \