Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resou	rces Revised August 1, 2011 WELL API NO.
District II - (575) 748-1283	S OCPOIL CONSERVATION DIVISION	ON 30-025-40518
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 SEP -	1 2 2012 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	and the life.	VB-1220
(DO NOT USE THIS FORM FOR PROP	CEIVED ND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO JICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Tangerine BRT State
PROPOSALS) 1. Type of Well: Oil Well	Gas Well/ Other	8. Well Number
2. Name of Operator	Gus weig outer	9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator		025575 10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Featherstone; Bone Spring
4. Well Location		
Unit Letter A: Unit Letter P	100 feet from the North line ar 330 feet from the South line ar	
Section 27		35E NMPM Lea County
1. M	11. Elevation (Show whether DR, RKB, RT, 3667'GR	GR, etc.)
12 Charle	nnronrioto Doy to Indicate Nature of N	atica Papart or Other Data
	Appropriate Box to Indicate Nature of N	•
NOTICE OF I PERFORM REMEDIAL WORK □	NTENTION TO:] PLUG AND ABANDON ☐ REMEDI	SUBSEQUENT REPORT OF: AL WORK ALTERING CASING
TEMPORARILY ABANDON	= 1	NCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	I	CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	
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.		
8/31/12 – Spudded well at 11:35 AM. TD 10'. Hole size 12-1/4". Notified E.L. Gonzales NMOCD-Hobbs of operations via email.		
		
Spud Date: 8/31/1	2 Rig Release Date:	
I hereby certify that the information	n above is true and complete to the best of my k	nowledge and belief.
SIGNATURE Charle	TITLE Regulatory Report	ing Supervisor DATE <u>September 11, 2012</u>
Type or print name Tina Hu	uerta E-mail address: tinah@yatespetr	oleum.com PHONE: <u>575-748-4168</u>
Approved by Approv		
APPROVED BY: DATE - 1 - 2012 Conditions of Approval (if any):		
/ C	,	SEP 1 2 2012