Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resource	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD District II – (575) 748-1283	WELL API NO. / 30-025-40566
OIL CONSERVATION DIVISIO	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410CT 1 5 2012 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE S FEE
1220 S. St Francis Dr, Santa Fe, NM	6. State Oil & Gas Lease No. VB-1179
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other	1H
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 Red Hills; Bone Spring, North
	Red Hills, Boile Spiring, North
4. Well Location Unit Letter O: 460 feet from the South line and	1650 feet from the East line
Unit Letter B 350 feet from the North line and	
Section 16 Township 24S Range 3-	4E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, C	
3527'GR	
12. Check Appropriate Box to Indicate Nature of N	otice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	<u> </u>
TEMPORARILY ABANDON	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/C	EMENT JOB
DOWNHOLE COMMINGLE	
OTHER.	² now hale
OTHER: OTHER: 5 13. Describe proposed or completed operations. (Clearly state all pertinent det.	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multi	
proposed completion or recompletion.	
10/0/10 NA 1 CL	' C I MACONIALI C C' ' '
10/8/12 - Made 5' new hole at 4:30 PM. TD 40'. Hole size 12-1/4". Notified Elidi	io Gonzales NMOCD-Hobbs of operations via email.
Spud Date: 5/30/12 Rig Release Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my known	owledge and belief
1 A The second control of the contro	owiedge did belief.
SIGNATURE TITLE Regulatory Reporting	g Supervisor DATE October 12, 2012
Type or print name Tina Huerta E-mail address:tinah@yatespetrol	eum.com PHONE: <u>575-748-4168</u>
To Sunce Osc Office	•
Announce and I see that I see tha	_
APPROVED BY THE JET. ING.	DATE 10-15-2012
Conditions of Approval (if any):	DATE 10-15-2012
	DATE 10-15-2012 OCT 1 5\2012