State of New Mexico Office	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM, 88249 BS OCD District II – (575) 748-1283	30-025-40515
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NS FA10 4 2013 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
District IV – (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM  87505  Santa Fe, NM 87505	6. State Oil & Gas Lease No. VB-1185
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Taipan BST State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well 🔯 Gas Well 🗌 Other	1H
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation  3. Address of Operator	025575 10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Wildcat; Bone Spring
4. Well Location Unit Letter C: 175 feet from the North line and	2200 feet from the West line
	2200 feet from the West line
Section 31 Township 24S Range 33E	NMPM Lea County 🗸
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3540'GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR COMMENCE DRIVER CASING   MULTIPLE COMPL   CASING/CEMEN DOWNHOLE COMMINGLE	K
CLOSED-LOOP SYSTEM	
OTHER: OTHER: 5' new has a light of the state of the stat	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Corproposed completion or recompletion.	mpletions: Attach wellbore diagram of
8/30/13 – Made 5' new hole. TD 120'. Hole size 12-1/4". Notified E.L. Gonzales NMOCD-Hobbs of operations via email	
	]
Spud Date: 6/28/12 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.
1	
SIGNATURE Auc Watts TITLE Regulatory Reporting T	Sechnician DATE September 3, 2013
Type or print name Laura Watts E-mail address: laura@yatespetroleur For State Use Only	m.com PHONE: <u>575-748-4272</u>
APPROVED BY: Accepted for Record Only Conditions of Approval (if any 9-5-2013	DATE
Conditions of Approval (if any value record Only	
1-3-2013	SEP 0 5 2013
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