Submit 1 Copy To Appropriate District Office State of New Mexico						Form C-103			
Dietrict I = (575) 303-6161 Energy, Minerals and Natural Resources						Revised July 18, 2013 WELL API NO.			
1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD District II – (575) 748-1283						30-025-40514			
OIL CONSERVATION DIVISION						5. Indicate Type of Lease			
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8741 EP 2 6 2013 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. VO-8713			
87505 DECEIVED 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH							va BRU State		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other						8. Well Number 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						Berry; Bone Springs, North			
4. Well Location					_			_	
Unit Letter Unit Letter	H : 2210 H 2210	feet from the feet from the		· · · · · · · · · · · · · · · · · · ·	e and e and	330	feet from the feet from the	East East	line line
_		-		-		NMPM			IIIIC
Section	31. 32 \$	Township _ Township	20S 20S	Range _	35E 35E	- NMPM	Lea Lea	County	
Section						-		County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3713 'GR									
PERFORM REMEIT TEMPORARILY AS PULL OR ALTER ODWNHOLE COM CLOSED-LOOP SYOTHER: 13. Describe prof starting a proposed compressed compressed compressed to the starting at the s	CASING MUL	G AND ABANDO INGE PLANS TIPLE COMPL perations. (Clea EE RULE 19.15 ion. 0" conductor to	urly state	OTHI all pertiner	EDIAL WOR MENCE DR NG/CEMEN ER: Spud nt details, an Multiple Co	EK ILLING OP T JOB d give pert mpletions:	inent dates, inc	RING CASIN D A luding estimate re diagram of	□ ⊠_ted date
Spud Date:	9/16/13	Ri	g Releas	e Date:					
I hereby certify that	the information above	is true and comp	lete to th	ne best of m	ny knowledg	e and belie	f.		
SIGNATURE	Jama W	atto TI	TLE _I	Regulatory	Reporting T	<u>`echnician</u>	_ DATESep	otember 25, 20)13
Type or print name	Laura Watts	E-mail a	address:]aura@v	atespetroleu	m.com	PHONE	: <u>575-748-427</u> 2	,
For State Use Only -									
APPROVED BY:	FOR RECO		.Y TLE				DATE_C	9-27-2	013
Conditions of Appro	oval (if any):								