| Submit 1 Copy To Appropriate District Office  | State of No                            | ew Mexico  |  | Form C-103                               |  |
|---|--|--|--|--|--|
| District I – (575) 393-6161   | Energy, Minerals and Natural Resources |  |  | Revised July 18, 2013                    |  |
| 1625 N. French Dr., Hobbs, NM 88240   | )                                      |  | WELL API NO.                                       |  |  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210  | OIL CONSERVA                           | TION DIVISION                                    | 30-025-40517 <b>5.</b> Indicate Type of Le         | 9889                                     |  |
| District III - (505) 334-6178   | 1220 South S                           | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505 |  | FEE                                      |  |
| 1000 Rio Brazos Rd., Aztec, NM 8741   | <sup>0</sup> Santa Fe. 3               |  |  | STATE S FEE 6. State Oil & Gas Lease No. |  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM  |  |  |  | VO-8090                                  |  |
| 87505   |  |  |  |  |  |
| l e   | OTICES AND REPORTS ON V                |  | 7. Lease Name or Uni                               |  |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USÉ "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |  | Mango BRM State  8. Well Number                    |  |  |
| PROPOSALS.)   | POSALS.) MOBBS OCD                     |  |  |  |  |
| 1. Type of Well: Oil Well   | Gas Well Other                         |  | 1H /   | ,  |  |
| 2. Name of Operator   |  | JAN - 3 2014                                     | 9. OGRID Number                                    |  |  |
| Yates Petroleum Corporation   |  | ALLI PEOLI                                       | 025575<br>10. Pool name or Wild                    | 14                                       |  |
| 3. Address of Operator  | 2 NIM 99210                            |  | Featherstone; Bone                                 |  |  |
| 105 South Fourth Street, Artesi   | a, NW 88210                            | RECEIVED   | reatherstone, Bone                                 | Spring                                   |  |
| 4. Well Location  | 100 0 0                                | N d 12 1   | 0010 6 (6 (1                                       | W / V                                    |  |
| Unit Letter <u>C</u> :  | 100 feet from the                      | North line and                                   | 2310 feet from the                                 | West line                                |  |
| Unit Letter N   | feet from the                          | South line and                                   | feet from the                                      | <u>West</u> line                         |  |
| Section 27 Township 20S Range 35E NMPM Lea County   |  |  |  |  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |  |  |  |  |
| 3682'GR   |  |  |  |  |  |
|   |  |  |  |  |  |
| 12. Chec  | ck Appropriate Box to Indi-            | cate Nature of Noti                              | ice, Report or Other Data                          | a  |  |
| NOTICE OF   | INTENTION TO                           | 0  | LIBSEQUENT BEDOE                                   | T OF.                                    |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   |  |  |  |  |  |
|   |  |  |  | ND A                                     |  |
| PULL OR ALTER CASING  |  |  |  | AD A                                     |  |
|   |  |  |  |  |  |
| DOWNHOLE COMMINGLE TO THE TANK THE PARTY OF |  |  |  |  |  |
| CLUSED-LUUP STSTEM  |  |  |  |  |  |
| 13 Describe proposed or co  | impleted operations (Clearly st        | ate all pertinent details                        | and give pertinent dates in                        | cluding estimated date                   |  |
| 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.  |  |  |  |  |  |
| proposed completion of recompletion.  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| 12/30/13 - Made 5' new hole. TD 135'. Hole size 12". Notified Maxey Brown NMOCD-Hobbs of operations via email.  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| <u> </u>  |  |  |  |  |  |
| Spud Date: 8/3 1/12   | 2 Rig Rel                              | ease Date:                                       |  |  |  |
| Space Bate.   | Tilg No.                               | cuse Bute.                                       |  |  |  |
|   |  |  |  |  |  |
| I hereby certify that the informat  | ion above is true and complete t       | o the best of my know                            | ledge and helief                                   |  |  |
| Thereby certify that the informat   | ion above is true and complete t       | o the best of my know                            | leage and belief.                                  |  |  |
|   |  |  |  | skas sensi                               |  |
| SIGNATURE A VLUA-G  | TITLE                                  | Regulatory Reporting                             | ng Technician DATE De                              | ecember-3-1, 2013                        |  |
| CONTRACT ACT TO THE   |  |  | <del>- 21                                   </del> | 23                                       |  |
| Type or print name Laura  | Watts E-mail addre                     | ss: <u>laura@yatespetro</u>                      | oleum.com PHONE:                                   | 575-748-4272                             |  |
| For State Use Only  | <u>i</u>                               |  |  |  |  |
| ing pagkan ang mga mga mga mga mga mga mga mga mga mg   |  |  | e Augustin — 152<br>Opens og statisker             | r-n                                      |  |
| APPROVED BY:  | Accepted for Reco                      | ord Only   | DATE_  | <u> </u>                                 |  |
| Conditions of Approval (if any): WIB 1/6/2014   |  |  |  |  |  |
| 1/4/2017  |  |  |  |  |  |