Submit I Copy To Appropriate District		E 0.102
	State of New Mexico rgy, Minerals and Natural Resources	Form C-103 / Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	igy, minerais and natural Resources	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 882pp 01 2014 OI	L CONSERVATION DIVISION	30-025-41592 V
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NRECEIVED	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
07303		VB-2097
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.)		7. Lease Name or Unit Agreement Name Fruit State SWD
		8. Well Number
1. Type of Well: Oil Well 🗌 Gas Well 🗌 Other SWD		1 /
2. Name of Operator / Yates Petroleum Corporation		9. OGRID Number 025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210		SWD; Cherry Canyon
4. Well Location Unit Letter A : 330 fe	et from the North line and	330 feet from the East line
	ownship 21S Range 34E	NMPM Lea County
	vation (Show whether DR, RKB, RT, GR, etc	
	3,730' GR	
12 Check Approprie	ate Box to Indicate Nature of Notice.	Report or Other Data
** *		•
	ON TO: SUE	SEQUENT REPORT OF:
	= 1	
	PLE COMPL	IT JOB
OTHER:	OTHER: Spuc	
	ations. (Clearly state all pertinent details, ar RULE 19.15.7.14 NMAC. For Multiple Co	nd give pertinent dates, including estimated date
proposed completion or recompletion	-	impletions. Attach wendore diagram of
<u>3/26/14</u> – Spudded well with rathole service at	0.00 am Halo size 20° Set 40° of 20° and	advator and computed with 6 1/2 yeards of redi
mix to the surface. Waiting on rotary tools.	9.00 am. Hole size 30 . Set 40 01 20 col	iductor and cemented with 6-1/2 yards of redi-
0		
Snud Data: 3/26/14		
Spud Date: 5/20/14	Rig Release Date:	
I hereby certify that the information above is tr	ue and complete to the best of my knowleds	ge and belief.
No. Menterfor		
SIGNATURE Saura Watta	TITLE <u>Regulatory Reporting 7</u>	<u> Cechnician</u> DATE <u>March 31, 2014</u>
Type or print name <u>Laura Watts</u> For State Use Only	E-mail address: <u>laura@yatespetroleu</u>	<u>Im.com</u> PHONE: <u>575-748-4272</u>
APPROVED BY: Conditions of Approval (framy):	TITLE	DATE
Accen	ted for Record Only	
MA	B 4/1/2014	
,	" "I COIT	APR 0 2 2014 7