Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBS OCOIL CONSERVATION DIVISION	30-025-40517
<u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 JUN 03 2014 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	VO-8090
SUNDRY NOTICE END 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 Mango BRM State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well	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	Featherstone; Bone Spring
4. Well Location	
	2310 feet from the West line 2310 feet from the
Section 27 Township 20S Range 35E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3682'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 WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM OTHER: 5' nev	v hole
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.	
5/31/14 – Made 5' new hole. TD 175'. Hole size 12". Notified Maxey Brown NMOCD-Hobbs of operations via email.	
Spud Date: 8/31/12 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	a and haliaf
r hereby certify that the information above is true and complete to the best of my knowledge and benefit.	
SIGNATURE TITLE Regulatory Reporting Technician DATE June 2, 2014	
Type or print name Laura Watts E-mail address: laura@yatespetroleum.com PHONE: 575-748-4272 For State Use Only	
Accepted for Record Only	
APPROVED BY: TITLE	DATE
Conditions of Approval (if any): With 6/6/2014	