Office Opp To Appropriate District	State of New Mexico			Form C-103
<u>District I</u> – (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 811 S. First St., Artesia, NM 88210			30-025-40518	
District III - (505) 334-6178	1 S. This Sc., Thresha, This GODIO		5. Indicate Type of Lea	
1000 Rio Brazos Rd., Aztec, NM 87410		STATE 🖂	FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa PC, INWI 873	03	6. State Oil & Gas Lea	ise No.
87505			VB-1220	
SUNDRY NO	TICES AND REPORTS ON WELLS		7. Lease Name or Unit	Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLUG		Tangerine BRT Sta	
DIFFERENT RESERVOIR, USE "APPI   PROPOSALS.)	LICATION FOR PERMIT" (FORM C-101) FOR	SUCH	8. Well Number	
1. Type of Well: Oil Well	Gas Well Other	BBS OCD	1H	
2. Name of Operator	HO.	1100	9. OGRID Number	
Yates Petroleum Corporation	-1	JG 20 2014	025575	
3. Address of Operator	<i>Id</i>	<del>10 p</del>	10. Pool name or Wild	cat
105 South Fourth Street, Artesia,		- 15Ô	Featherstone; Bone	
4. Well Location		RECEIVED	<u></u>	1 0
Unit Letter A:	100 feet from the North		660 feet from the	East line
Unit Letter P	330 feet from the South		660 feet from the	East line
Section 27 Township 20S Range 35E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3667'GR				
12. Check	Appropriate Box to Indicate Nat	ure of Notice,	Report or Other Data	ı
			SEQUENT <u>R</u> EPOR	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ERING CASING 🗌
				ND A
PULL OR ALTER CASING	MULTIPLE COMPL (	CASING/CEMENT	JOB 🗌	
DOWNHOLE COMMINGLE	]			
CLOSED-LOOP SYSTEM	]			
OTHER:		OTHER: 5' new h		
	ipleted operations. (Clearly state all per			
	work). SEE RULE 19.15.7.14 NMAC.	For Multiple Con	npletions: Attach wellbo	re diagram of
proposed completion or re	ecompletion.			
0/15/14 14 151 11 55	1051 11 1 1 100			
8/15/14 – Made 5' new hole. TD 195'. Hole size 12".				
	<del></del>			
Spud Date: 8/31/12	Rig Release Date			
Spud Date.	Rig Release Date	•		
I hereby certify that the information	n above is true and complete to the best	of my knowledge	e and belief.	
1	A			
SIGNATURE / CUMPA	TITLE Regula	itory Reporting Te	echnician DATE Au	<u>igust 19, 2014</u>
T	W.W. 50 11 11 1	- 0	DITONE	575 740 4070
Type or print name Laura V	Watts E-mail address: laur	a@yatespetroleun	n.com PHONE:	575-748-4272
For State Use Only	_			
Approved by	for Record Only		D.4.TE	
	rille		DATE	
Conditions of Approval (if any):				•