Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources HOBBS OCI	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-40579
<u>District III</u> – (505) 334-6178	1220 South St. Francis 2 5 20	14 5. Indicate Type of Lease STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	RECEIVED	VO 8082/VO 8001
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Pomegranate BRP State Com 🖉
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well	Gas Well Other	111
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	Wildcat; Bone Spring
4. Well Location		
Unit Letter <u>M</u> : Unit Letter D	<u>160</u> feet from the <u>South</u> line and <u>130</u> feet from the <u>North</u> line and	660 feet from the West line line
Section 36	Township 20S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
	3670'GR	
12. Check	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
	NTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		RILLING OPNS. PANDA
PULL OR ALTER CASING	MULTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		ew hole
	pleted operations. (Clearly state all pertinent details, a	
	vork). SEE RULE 19.15.7.14 NMAC. For Multiple C	ompletions: Attach wellbore diagram of
proposed completion or re	completion.	
11/21/14 - Made 5' new hole. TD	215'. Hole size 12".	
0/01/14		
Spud Date: 8/31/12	² Rig Release Date:	
hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
-1-		
SIGNATURE Anna	Watts TITLE Regulatory Reporting	Technician DATE <u>November 24, 2014</u>
77		
Type or print name <u>Laura V</u>	Vatts E-mail address: <u>laura@yatespetrole</u>	um.com PHONE: <u>575-748-4272</u>
For State Use Only		
APPROVED BY: Accepte	d for Record Only	DATE
Conditions of Approval (if any):		
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		DEC 0 1 2014

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