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	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-40638
<u>District III</u> – (505) 334-6178 1000 Río Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE  FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. VB-1191
(DO NOT USE THIS FORM FOR PROPO	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCHES	7. Lease Name or Unit Agreement Name Sable BSA State
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other	8. Well Number 1H
2. Name of Operator Yates Petroleum Corporation	JAN 2 0 2015	9. OGRID Number 025575
3. Address of Operator 105 South Fourth Street, Artesia, I	NM 88210 SECTION SECTI	10. Pool name or Wildcat Antelope Ridge; Bone Spring, Northwest
4. Well Location	NM 88210 RECEIVED	Timelope Riage, Bone spring, Northwest
Unit Letter M : Unit Letter N	660 feet from the South line and South line and	2310 feet from the West line West line
Section 9	Township 23S Range 34E	
	11. Elevation (Show whether DR, RKB, RT, GR, 3423'GR	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:	PLUG AND ABANDON  REMEDIAL W CHANGE PLANS  COMMENCE MULTIPLE COMPL  CASING/CEN	DRILLING OPNS. P AND A DIENT JOB
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.		
1/15/15 – Made 5' new hole. TD 250'. Hole size 12".		
Spud Date: 6/28/	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE June	Matta TITLE Regulatory Reporting	ng Technician DATE January 16, 2015
Type or print name Laura W For State Use Only	Vatts E-mail address: laura@yatespetro	oleum.com PHONE: <u>575-748-4272</u>
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):	MUL 1/26/2015	

M