

Office

District I – (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II – (575) 748-1283

811 S. First St., Artesia, NM 88210

District III – (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV – (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM 87505

87505

HOBBSOCD

MAR 02 2015

RECEIVED

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Revised July 18, 2013

WELL API NO.

30-025-40556

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

VO-3662/VB-1647

7. Lease Name or Unit Agreement Name

Sitka BSI State Com

8. Well Number

1H

9. OGRID Number

025575

10. Pool name or Wildcat

Grama Ridge; Bone Spring, North

## 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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, NM 88210

4. Well Location

|             |          |   |      |               |       |          |      |               |      |      |
|-------------|----------|---|------|---------------|-------|----------|------|---------------|------|------|
| Unit Letter | Lot 14/F | : | 2680 | feet from the | South | line and | 1650 | feet from the | West | line |
| Unit Letter | F        | : | 2310 | feet from the | North | line and | 1980 | feet from the | West | line |

|         |   |          |     |       |     |      |     |        |
|---------|---|----------|-----|-------|-----|------|-----|--------|
| Section | 4 | Township | 21S | Range | 34E | NMPM | Lea | County |
| Section | 9 | Township | 21S | Range | 34E | NMPM | Lea | County |

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3,708' GR

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

|                       |                          |                  |                          |
|-----------------------|--------------------------|------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> | PLUG AND ABANDON | <input type="checkbox"/> |
| TEMPORARILY ABANDON   | <input type="checkbox"/> | CHANGE PLANS     | <input type="checkbox"/> |
| PULL OR ALTER CASING  | <input type="checkbox"/> | MULTIPLE COMPL   | <input type="checkbox"/> |
| DOWNHOLE COMMINGLE    | <input type="checkbox"/> |                  |                          |
| CLOSED-LOOP SYSTEM    | <input type="checkbox"/> |                  |                          |
| OTHER:                | <input type="checkbox"/> |                  |                          |

## SUBSEQUENT REPORT OF:

|                         |                          |                                     |                          |
|-------------------------|--------------------------|-------------------------------------|--------------------------|
| REMEDIAL WORK           | <input type="checkbox"/> | ALTERING CASING                     | <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. | <input type="checkbox"/> | P AND A                             | <input type="checkbox"/> |
| CASING/CEMENT JOB       | <input type="checkbox"/> |                                     |                          |
| OTHER                   | 5' new hole              | <input checked="" type="checkbox"/> |                          |

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.

2/25/15 – Made 5' new hole. TD 95'. Hole size 20".

Note: 4/15/14 – Installed and cemented a 30" culvert pipe with a locking device.

Spud Date:

3/27/14

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Laura Watts

TITLE

Regulatory Reporting Technician

DATE

February 26, 2015

Type or print name

Laura Watts

E-mail address:

laura@yatespetroleum.com

PHONE:

575-748-4272

For State Use Only

APPROVED BY:

Accepted for Record Only

DATE

Conditions of Approval (if any):

MJB 3/2/2015

MAR 03 2015