

Submit 1 Copy To Appropriate District 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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-41641
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-7363
7. Lease Name or Unit Agreement Name Caravan BVW State
8. Well Number 9H
9. OGRID Number 025575
10. Pool name or Wildcat Triste Draw; Bone Spring, East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,483' GR

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 **HOBS OGD**

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South Fourth Street, Artesia, NM 88210

4. Well Location
 Unit Letter C : 50 feet from the North line and 1950 feet from the West line
 Unit Letter N : 331 feet from the South line and 1947 feet from the West line
 Section 33 Township 24S Range 33E NMPM Lea County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion operations <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.

12/28/14 - Ran log from 11,275' to the surface.
 1/5/15 - Tested casing to 3000 psi for 30 mins, good. Opened toe sleeve at 15,769'. Pumped 1500 gals of 15% HCL acid. Displaced hole with 444 bbls of 3% KCL with Oxygen Scavenger and Corrosion Inhibitor.
 1/22/15-2/2/15 - Acidized toe sleeve and frac sleeves 11,998' - 15,665' with 84,500 gallons 15% HCL acid, frac with a total of 3,415,124# 20/40 Econo prop.
 2/18/15 - Set a AS-1 10K packer at 10,413'. Pressure tested casing to 1000 psi for 15 mins, held good.
 2/19/15 - Set 2-7/8" 6.50# L-80 tubing at 10,413'.

Note: Frac sleeves at 11,385', 11,488', 11,590', 11,692', 11,793' and 11,895' have not been opened.

Spud Date: 10/18/14 Rig Release Date: 11/23/14

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 March 3, 2015
 Type or print name Laura Watts E-mail address: laura@yatespetroleum.com PHONE: 575-748-4272
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 03/06/15
 Conditions of Approval (if any):

MAR 10 2015