

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

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.)		WELL API NO. 30-025-41744
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. VO-7378
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Caravan State Unit
4. Well Location Unit Letter <u>B</u> : <u>15</u> feet from the <u>North</u> line and <u>2150</u> feet from the <u>East</u> line Unit Letter <u>O</u> : <u>266</u> feet from the <u>South</u> line and <u>2152</u> feet from the <u>East</u> line Section <u>33</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 10H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,479'GR		9. OGRID Number 025575
10. Pool name or Wildcat Triste Draw; Bone Spring, East		

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

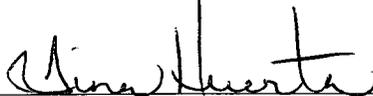
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <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: Completion Operations <input checked="" type="checkbox"/>	
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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.

9/8/14 - Ran CBL/GR/Collar log from 11,249' to surface with 1500 psi on casing.
 9/9/14 - Pressure tested 5-1/2" casing from surface to toe sleeve at 15,820' to 3000 psi for 30 min, good. Pressured up from 3000 psi to 6800 psi. Opened toe sleeve. Pumped 390 bbls water with 3% KCL and Baker petrolite CRW-132.
 10/21/14 - Perforated Bone Spring 11,333' - 15,547' (432 holes). Acidized perms and toe sleeve with 73,000g 15% HLC NEFE acid and frac with a total of 4,296,682Lb 20/40 CRC double coated resin and econoprop sand.

Spud Date: 7/2/14 Rig Release Date: 8/27/14

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

SIGNATURE  TITLE Regulatory Reporting Supervisor DATE January 5, 2015
 Type or print name Tina Huerta E-mail address: tinah@yatespetroleum.com PHONE: 575-748-4168

For State Use Only
 APPROVED BY:  TITLE Petroleum Engineer DATE 02/20/15
 Conditions of Approval (if any):

MAR 19 2015