Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources		WELL ADINO	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-42445	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Le	2000
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	-		VO-8714	
	TICES AND REPORTS ON WELLS		7. Lease Name or Uni	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TOOD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR OBJECT OF THE PROPERTY OF THE P			Lychee BWS State Com	
PROPOSALS.)	JEATION FOR PERMIT (FORM C-101) F		8. Well Number	
1. Type of Well: Oil Well	Gas Well Other	1AUG 1 0 2015	1H	
2. Name of Operator		IAUG I O I	9. OGRID Number	
Yates Petroleum Corporation			025575	
3. Address of Operator 105 South Fourth Street, Artesia, NM, 88210		10. Pool name or Wildcat		
105 South Fourth Street, Artesia,	NM 88210	1000	Berry; Bone Spring,	South
4. Well Location				
Unit Letter O :	200 feet from the Sout		1980 feet from the	<u>East</u> line
Unit Letter J	2310 feet from the Sout	th line and	feet from the	<u>East</u> line
Section <u>22</u>	Township <u>21S</u> Ra	ange 34E	NMPM Lea	County
Section 15		ange 34E	NMPM Lea	County
)	
	3,684	4' GR		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or conformal of starting any proposed or proposed completion or research to the starting and proposed or starting any proposed or starting and starting and starting and starting any proposed or starting and starting a	CHANGE PLANS MULTIPLE COMPL	REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER: 5'r pertinent details, an C. For Multiple Co	ILLING OPNS. P AIT JOB P A	ERING CASING ND A Cluding estimated date
2/20	(15	<u> </u>		
Spud Date: 3/30	Rig Release D	Date:		
		<u></u>		
		<u></u>		
I hereby certify that the information	on above is true and complete to the l	best of my knowledg	ge and belief.	
SIGNATURE Jame	hatts title Res	gulatory Reporting T	<u>Sechnician</u> DATE <u>A</u>	ugust 6, 2015
Type or print name Laura ' For State Use Only	Watts E-mail address:	laura@yatespetroleu	m.com PHONE: _	575-748-4272
Accente	d for Record Only			
APPROVED BY: Conditions of Approval (if any):	- 10. NECOLU ONNE		DATE_	

AUG 1 1 2015

