

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. 30-025-41377
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-9011
7. Lease Name or Unit Agreement Name Date BTB State Com
8. Well Number 4H
9. OGRID Number 025575
10. Pool name or Wildcat Berry; 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  **HOBBS OCD**

2. Name of Operator  
Yates Petroleum Corporation **AUG 28 2015**

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

4. Well Location  
 Unit Letter A : 15 feet from the North line and 510 feet from the East line  
 Unit Letter P : 336 feet from the South line and 757 feet from the East line  
 Section 14 Township 21S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3,788' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Reset tubing <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.

8/17/15 - NU BOP. Released packer. POH with tubing and packer.  
 8/18/15 - RIH with bit and scraper down to 12,126', did not tag anything.  
 8/19/15 - Set AS-1 packer and 2-7/8" 8.60# L-80 tubing at 11,763'. Tested packer with 1500 psi, ok.

Spud Date: 7/17/14 Rig Release Date: 9/21/14

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 August 26, 2015

Type or print name Laura Watts E-mail address: laura@yatespetroleum.com PHONE: 575-748-4272

**For State Use Only**  
 APPROVED BY: *Mary Brown* TITLE Dist. Supervisor DATE 8/31/2015  
 Conditions of Approval (if any):

AUG 31 2015

*M*