Submit 1 Copy To Appropriate District Office	State of New M		Submit (Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-025-40556
811 S. First St., Artesia, NM 88210	OIL CONSERVATIO		5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fr		STATE S FEE
District IV - (505) 476-3460	Santa Fe, NM	87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VO-3662/VB-1647
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) FOOBBSIOC			7. Lease Name or Unit Agreement Name Sitka BSI State Com
PROPOSALS.)	LICATION FOR PERMIT" (FORM C-101)	HOBRA	8. Well Number
1. Type of Well: Oil Well	Gas Well 🗌 Other	2015	1H /
2. Name of Operator		OCT 21 2010	9. OGRID Number
Yates Petroleum Corporation	/		025575
3. Address of Operator		RECEIVED	10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	RECEIVE	Grama Ridge; Bone Spring, North
4. Well Location			
Unit Letter Lot 14/F :	2680 feet from the Sou		1650 feet from the West line
Unit Letter F	2310 feet from the Nor	rth line and	1980 feet from the <u>West</u> line
Section 4		Range 34E	NMPM Lea County
Section 9		Range 34E	NMPM Lea County
	11. Elevation (Show whether D		
	3,70)8' GR	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM THER: 13. Describe proposed or comof starting any proposed or proposed or proposed or comof starting any proposed or proposed completion or results and completion or results and complete the start of th	CHANGE PLANS	REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER 5' ne Il pertinent details, an AC. For Multiple Co	ILLING OPNS. P AND A
Spud Date: 3/27/	14 Rig Release	Date:	
I hereby certify that the informatio	n above is true and complete to the	best of my knowledg	e and belief.
SIGNATURE Jours h	atts TITLE RE	egulatory Reporting T	Cechnician DATE October 19, 2015
Type or print name Laura V For State Use Only		laura@yatespetroleu	m.com PHONE: <u>575-748-4272</u>
ADDROVED BY. Accepte	d for Record Only		DATE
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE
conditions of Approval (II any):			
			OCT 2 2 2015

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