Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103			
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Nat	ural Resources	Revised July 18, 2013			
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION		30-025-41631 5. Indicate Type of Lease			
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE	FEE		
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8	\$7505	6. State Oil & Gas Lease No. VB-1859/L-5167			
SUNDRY NO (DO NOT USE THIS FORM FOR PROF DIFFERENT RESERVOIR. USE "APPI	7. Lease Name or Unit Agreement Name Action BTI State Com					
PROPOSALS.) 1. Type of Well: Oil Well		OBBS OCD	8. Well Number 2H	/		
2. Name of Operator Yates Petroleum Corporation		IV 1 9 2015	9. OGRID Number 025575			
3. Address of Operator 105 South Fourth Street, Artesia,	NM 88210	RECEIVED	10. Pool name or Wildcat Triple X; Bone Spring, West			
4. Well Location		REGEIVED		1 0.		
Unit Letter C : Unit Letter N	320feet from theNor230feet from theSouth		1980 feet from 1979 feet from			
Section 16		ange 33E	NMPM Lea	a County		
	11. Elevation (Show whether DI 3,602	R, <i>RKB, RT, GR, etc</i> 8' GR	:.)			
12 Check	Appropriate Box to Indicate N	Nature of Notice	Report or Other	Data		
		-				
	NTENTION TO:	SEQUENT RE	A REAL PROPERTY OF A READ REAL PROPERTY OF A REAL P			
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING		
PULL OR ALTER CASING		CASING/CEMEN				
DOWNHOLE COMMINGLE]					
CLOSED-LOOP SYSTEM]					
OTHER: 13 Describe proposed or con	npleted operations. (Clearly state all		acker and tubing	es including estimated date		
	work). SEE RULE 19.15.7.14 NMA					
11/10/15 - Set AS-1 packer and 2-	-7/8" 8.60# L-80 tubing at 11,223'.					
Spud Date: 4/18/14	Rig Release D	Date:	5/15/14			
Therefore entities that the information	n alterna is true and a smallete to the l	ent of multiple	and halisf			
i hereby certify that the informatio	on above is true and complete to the b	best of my knowledg	ge and beller.			
SIGNATURE Jame	Watts TITLE Res	gulatory Reporting 7	Technician DATE	November 18, 2015		
Type or print name Laura V	Watts E-mail address: 1	aura@yatespetroleu	im.com PHON	E: <u>575-748-4272</u>		
For State Use Only APPROVED BY: APPROVED BY: Conditions of Approval (if any):	Strown TITLE Dis	t Super	usion DA	TE 11/24/2015		
		NOV 30		1 -		

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