Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		20 025 42652
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE .
<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-8772
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Haney BWH State Com
DIFFERENT RESERVOIR. USE "APPI PROPOSALS.)	LICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	1H
2. Name of Operator	HOBBS C	9. OGRID Number
Yates Petroleum Corporation /		025575
3. Address of Operator	APR 2 5 2016	10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Reeves; Bone Spring
4. Well Location	660 feet from the North line and	D
Unit Letter A :		
Unit Letter D	660 feet from the North line and	feet from the line
Section <u>13</u>	Township <u>18S</u> Range <u>35E</u>	
Section <u>14</u>	Township 18S Range 35E	
发展的发展,他们被对象	11. Elevation (Show whether DR, RKB, RT, GR,	t, etc.)
	3,869' GR	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:	PLUG AND ABANDON REMEDIAL V CHANGE PLANS COMMENCE MULTIPLE COMPL CASING/CEN OTHER: repleted operations. (Clearly state all pertinent details work). SEE RULE 19.15.7.14 NMAC. For Multiple ecompletion. 85°. Hole size 20°.	E DRILLING OPNS. P AND A MENT JOB 5' new hole Is, and give pertinent dates, including estimated date
Spud Date: 6/30/1	5 Rig Release Date:	
Spud Date: 0/30/1	Rig Release Date:	
		*6
I hereby certify that the informatio	n above is true and complete to the best of my know	vledge and belief
Thereby certify that the informatio	in accord to the complete to the cost of my know	violage and bones.
SIGNATURE James	Jatto TITLE Regulatory Reporti	ing Technician DATE April 22, 2016
Type or print name Laura V For State Use Only	Watts E-mail address: laura@yatespetr	roleum.com PHONE: <u>575-748-4272</u>
APPROVED BY: Accepte	ed for Record Chily	DATE
Conditions of Approval (if any):		DILL