

Submit To Appropriate District Office
Two Copies
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-105
Revised August 1, 2011

1. WELL API NO.
30-025-42708

2. Type of Lease
 STATE FEE FED/INDIAN

3. State Oil & Gas Lease No.
VO-8909

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

4. Reason for filing:
 COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only)
 C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)

5. Lease Name or Unit Agreement Name
Crabwell BWE State Com

6. Well Number:
1H

7. Type of Completion:
 NEW WELL WORKOVER DEEPENING PLUGBACK DIFFERENT RESERVOIR OTHER **P&A**

8. Name of Operator
Yates Petroleum Corporation

9. OGRID
025575

10. Address of Operator
105 South Fourth Street, Artesia, NM 88210

11. Pool name or Wildcat
Reeves; Bone Spring

| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
|--------------|----------|---------|----------|-------|-----|---------------|----------|---------------|----------|--------|
| Surface: | A | 11 | 18S | 35E | | 660 | North | 200 | East | Lea |
| BH: | | | | | | | | | | |

| | | | | |
|--------------------------------|---|-----------------------------|--|--|
| 13. Date Spudded RH 2/26/16 | 14. Date T.D. Reached Never reached TD | 15. Date Rig Released NA | 16. Date Completed (Ready to Produce) 6/22/16 P&A | 17. Elevations (DF and RKB, RT, GR, etc.) 3890'GR |
|--------------------------------|---|-----------------------------|--|--|

| | | | |
|---|------------------------------------|--|--|
| 18. Total Measured Depth of Well Drilled to 25' | 19. Plug Back Measured Depth NA | 20. Was Directional Survey Made? NA | 21. Type Electric and Other Logs Run NA |
|---|------------------------------------|--|--|

22. Producing Interval(s), of this completion - Top, Bottom, Name
NA

CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------------|-----------|-----------|---------------------|---------------|
| 30" | Culvert w/locking lid | 10' | 36" | Cemented w/redi-mix | |
| | | | | | |
| | | | | | |
| | | | | | |

| 24. LINER RECORD | | | | 25. TUBING RECORD | | | |
|------------------|-----|--------|--------------|-------------------|------|-----------|------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
| | | | | | NA | | |

| | | |
|---|---|-------------------------------|
| 26. Perforation record (interval, size, and number) NA | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | |
| | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
| | NA | |

PRODUCTION

| | | | | | | | |
|---------------------------------|-----------------------|--|------------------------------|-----------------|--|--|-----------------------|
| 28. Date First Production NA | | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) NA | | | Well Status (<i>Prod. or Shut-in</i>) Plugged and Abandoned | | |
| Date of Test NA | Hours Tested NA | Choke Size NA | Prod'n For Test Period NA | Oil - Bbl NA | Gas - MCF NA | Water - Bbl. NA | Gas - Oil Ratio NA |
| Flow Tubing Press. NA | Casing Pressure NA | Calculated 24-Hour Rate NA | Oil - Bbl. NA | Gas - MCF NA | Water - Bbl. NA | Oil Gravity - API - (<i>Corr.</i>) NA | |

| | |
|---|-----------------------------|
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) NA | 30. Test Witnessed By NA |
|---|-----------------------------|

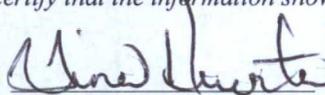
31. List Attachments
None

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.

33. If an on-site burial was used at the well, report the exact location of the on-site burial:

Latitude _____ Longitude _____ NAD 1927 1983

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature  Printed Name **Tina Huerta** Title **Regulatory Reporting Supervisor** Date **June 23, 2016**

E-mail Address: tinah@yatespetroleum.com

