Submit 1 Copy To Appropriate District State of New Me	xico Form C-103
District I – (575) 393-6161 Energy, Minerals and Natur	Revised July 18, 2013
1625 N. French Dr., Hobbs OBBS OCD District II – (575) 748-1283 OBBS OCD	WELL API NO. 30-025-41753
811 S. First St., Artesia, NM 88210 OIL CONSERVATION	DIVISION 5 Indicate Type of Lease
District III – (505) 334-6178 SEP 1 2 2016 1000 Rio Brazos Rd., Aztec, NM 87410 2 2016 Santa Fa NIM 87	CIS Dr. STATE FEE
District $V = (505) 476-3460$ Salita I C, 1919 07	505 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa RECEIVED	VO-8699
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU	IG BACK TO A Nervosa BTT State Com
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	1H V
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation	025575
3. Address of Operator	10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210 Berry; Bone Spring, North	
4. Well Location	
Unit LetterH: 2440 feet from theNorthUnit LetterA330feet from theNorth	
Section <u>24</u> Township <u>21S</u> Ran	
Section <u>13</u> Township <u>21S</u> Rar	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,694'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	
OTHER: OTHER: 5' new hole Image: Complete co	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
9/4/16 – Made 5' new hole. TD 165'. Hole size 9".	
Note: 30" culvert with locking device installed on 3/18/15.	
The set of the termine active instance on set of 10.	
Spud Date: 2/27/15 Rig Release Date:	te:
2/2//10	
I hereby certify that the information above is true and complete to the be	st of my knowledge and belief.
SIGNATURE TOTAL TITLE Adva	nced Regulatory Reporting Analyst DATE Sontember 9 2016
SIGNATURE Jane Watte TITLE Adva	nced Regulatory Reporting Analyst DATE _September 8, 2016
	nced Regulatory Reporting Analyst_DATE <u>September 8, 2016</u> ura@yatespetroleum.com PHONE: <u>575-748-4272</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>lau</u> For State Use Only	ara@yatespetroleum.com PHONE: <u>575-748-4272</u>
Type or print name <u>Laura Watts</u> E-mail address: <u>lau</u>	rra@yatespetroleum.com PHONE: <u>575-748-4272</u>