Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-37652
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Suitu 1 0, 1111 0 7 3 0 5	VA-2362
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	TCES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Hoyt State Unit
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 4
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporat 3. Address of Operator	1011	025575 10. Pool name or Wildcat
105 S. 4 th Street, Artesia,	NM 88210	Wildcat Mississippian
4. Well Location		
Unit Letter N :	990 feet from the South line and	1980 feet from the West line
Section 17	Township 10S Range 35E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, 4137' GR	etc.)
Pit or Below-grade Tank Application		District Commence of the Comme
	er Distance from nearest fresh water well	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
	**	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		/ORK ☐ ALTERING CASING ☐ DRILLING OPNS.☐ P & A ☐
TEMPORARILY ABANDON DULL OR ALTER CASING	<u> </u>	
FULL OR ALTER CASING	WIGETH LE CONTIL GOTON CONTOCOLO	EIII 005
OTHER: OTHER: Drilling		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 11-6-07 Made 5' of new hole. TD=175'. Notified Sylvia Dickey w/Hobbs NMOCD via email.		
or recompletion.		23456786
		12000
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		(8 MOV 2007 3)
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		(3)
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I haraby cartify that the information	a above is true and complete to the best of my knowledge.	ledge and helief. I further certify that any nit or helew
grade tank has been/will be constructed	or closed according to NMOCD guidelines , a general permi	it or an (attached) alternative OCD-approved plan .
1	\	
SIGNATURE SCOTE		ppliance Technician DATE 11-7-07
Type or print name Stormi D	eavis E-mail address:	Telephone No
For State Use Only NOV 2 8 2007		
APPROVED BY: Laus U) Wind of THE REPRESENTATIVE	DATE
Conditions of Approval (if any):		