Office Office		New Mex			Form C-103
<u>District I</u>	Energy, Minerals	and Natura	ıl Resources	WELL ADING	June 19, 2008
1625 N French Dr , Hobbs, NM 88240				WELL API NO.	20225
District II 1301 W Grand Ave, Artesia, NM RECEMETONSERVATION DIVISION			DIVISION	5. Indicate Type of Lo	
District IV District IV District IV Santa Fe, NM 87505			is Dr.	STATE 🖂	FEE 🗆 🗸
District IV Santa Fe, NM 87505			605	6. State Oil & Gas Le	
1220 S St. Francis Dr , Santa Fe, NMHOBBSOCD				VO-6	6326
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Un	it Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Reba BNT State		
1. Type of Well: Oil Well Gas Well Other				8. Well Number 6	, /,
2. Name of Operator Yates Petroleum Corporation				9. OGRID Number 025575	
3. Address of Operator				10. Pool name or Wile	dcat
105 South Fourth Street, Artesia, NM 88210				Llano; Up	/
4. Well Location Unit Letter E:	2310 feet from the	North	line and	feet from the	West Ine
Section 32		1S Rang		NMPM Lea	County
	11. Elevation (Show wh	ether DR, F 4166' C			
12. Check	Appropriate Box to Inc	dicate Nat	ture of Notice, F	Report or Other Dat	a
•		1			
	NTENTION TO:			SEQUENT REPOR	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A					••
PULL OR ALTER CASING			CASING/CEMENT		ND A
DOWNHOLE COMMINGLE			5, (5)(15), (5)(1)(E)(1)		
			•		
OTHER:	-1-4-1		OTHER:	Drillling 5' of ne	
13. Describe proposed or com	pleted operations. (Clearly vork). SEE RULE 1103. For	state all pe or Multiple	rtinent details, and	give pertinent dates, in	cluding estimated date
or recompletion.	voik). DEE ROLL 1103. 10	or munipic	Completions. Atta	ich wehoore diagram o	i proposed completion
•	_				
			* The state of the		
7/08/09 Made 5' of new hole @ 10	0:30 a.m. $TD = 55$ '. Notifie	ed Sylvia D	ickey w/Hobbs NN	MOCD via e-mail.	
		*			
	•	•		•`	
3 15					
Spud Date:	Rig R	elease Date			
		, ., ., .,			
I haraby partify that the information	a share is true and semulate	. 4. 41 1 4	-C 1 1 1	11 1' 6	
I hereby certify that the information	i above is true and complete.	e to me best	or my knowledge	and benef.	
O(1): K					,
SIGNATURE (Illustration	Souton TITL	E Regula	atory Compliance	Technician DATE	7/08/09
- 	- · · · · · · · · · · · · · · · · · · ·		* * * */	•	
Type or print name Allison I	Barton E-mail addre	ss: <u>ab</u>	arton@ypcum.con	PHONE:	(575) 748-4385 .
For State Use Only	2,_	PETRAI	DIMA GALOUALES	n.	
APPROVED BY	TITLE	- • • □ □ • • □	BUM ENGINEE	DATE	1111 70 2000
Conditions of Approval (if any)					