Office	State of New Mexico	Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave, Artesia, NA 682 OF TOTAL CONSERVATION DIVISION		30-005-29121
District III 1220 South St. Francis Dr		5. Indicate Type of Lease STATE FEE
District IV NM 87440 1 5 2010 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Felly BBSUCD 87505		VA-2123
SUNDRY NOTICES AND REPORTS ON WELLS (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.)		7. Lease Name or Unit Agreement Name Patsy BPI State 8. Well Number
1. Type of Well: Oil Well Gas Well Other V		7
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator		025575 10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210		Wildcat; Mississippian
4. Well Location		
Unit Letter O: 660 feet from the South line and 1980 feet from the East line		
Section 35 Township 11S Range 31E NMPM Chaves County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4450'GR		
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		
PULL OR ALTER CASING.		
BOWNINGEE GOINNINGEE	_	
OTHER:	OTHER:	Drilling 5' of new hole ⊠
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
5/12/10 Made 5' of new hole @ 2:00 p.m. TD = 30'. Hole size 12-1/4". Notified Elidio Gonzales w/Hobbs NMOCD via e-mail.		
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Spud Date: 2/26/10	Rig Release Date:	
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I hereby certify that the information above is true ar	d complete to the best of my knowledge	a and haliaf
Thereby certify that the information above is true at	de complete to the best of my knowledg	e and benef.
SIGNATURE Allina Daston	TITLE Besslets and Complian	T. I
SIGNATURE COLONO INC.	TITLE <u>Regulatory Complian</u>	nce Technician DATE 5/13/10
Type or print name Allison Barton E-mail address: <u>abarton@yatespetroleum.com</u> PHONE: (575) 748-1471		
For State Use Only	METALLINE SALON	AIRS of VAN
APPROVED BY:	TITLE TITLE	DATE DATE
Conditions of Approval (if any):		

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