Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88249 VED			WELL API NO. 30-025-2	9141
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lea		
District III 1000 Rio Brazos Rd., Aztec, MN87430 2010 District IV  1220 South St. Francis Dr. Santa Fe, NM 87505			STATE 🖂	FEE 🗌
District IV Santa Fe, NM 87505			6. State Oil & Gas Leas	e No.
District IV 1220 S. St. Francis Dr., Santa FORBSOCD 87505			VB-06	51
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 PLUG BACK TO A				<b>√</b>
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Red Raider B	KS State
1. Type of Well: Oil Well 🔲 Gas Well 🔲 Other			8. Well Number	
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			Red Hills; Bone Spr	ing, North (Oil)
4. Well Location				
	980 feet from the Sout			East line
Section 25		Range 33E	NMPM Lea	County V
-I-I. Elevation (Show-whether-DR, RKB; RT, GR, etc.) 3533' GR				
		G' GR		
12. Check Ap	propriate Box to Indicate N	nature of Notice,	Report or Other Data	
NOTICE OF INTI	SEQUENT REPOR	T OF:		
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR				RING CASING 🔲
	<u> </u>		_	DA 🗌
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			T JOB 🔲	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	Correction to Le	
13. Describe proposed or complete	ed operations. (Clearly state all ). SEE RULE 19.15.7.14 NMA			
proposed completion or recom		C. For Multiple Cor	ilpietions. Attach wendor	e diagram or
proposed completion of recon-	P			
			·	•
Please correct all records to reflect the	State Oil & Gas Lease No. VR-0	n651		
rease correct arriccords to refrect the	State Off & Gas Lease No. VB-V	0051.		
Spud Date:	Rig Release D	ate:		
		<u> </u>		
I hereby certify that the information about	ove is true and complete to the b	est of my knowledge	e and belief.	
SIGNATURE COLORS	nto. TITLE D	l a C II	TO 1 '' TO A TOTAL	# 100 /1 0
SIGNATURE				
Type or print nameAllison Barto	on E-mail address: <u>aba</u>	rton@yatespetroleur	m.com PHONE: (575	) 748-1471
For State Use Only				
APPROVED BY: Comments STAGE DATE 8-3-10				
Conditions of Approval (if any):				

Str.