Office Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	
1625 N. French Dr., Hobbs, NM 88240	AND INCOME OF THE PROPERTY OF	WELL API NO.
1301 W. Grand Ave., Artesia, NM 88246	CEIVEDONSERVATION DIVISIO	30-005-29121 V
Destruct III		5. Indicate Type of Lease STATE FEE
1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		VA 2122
87505 FULL STATE OF THE STATE O	3BSUCU	<u> </u>
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Taisy Di I State
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well	Gas Well 🔯 Other	7
2. Name of Operator		9. OGRID Number
		025575
3. Address of Operator		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 theEast line /
Section 35	Township 11S Range 3	1E NMPM Chaves County
	11. Elevation (Show whether DR, RKB, RT, G	
	4450'GR	
		1 2 20 20 20 20 20 20 20 20 20 20 20 20 2
12 Check	Appropriate Box to Indicate Nature of No	ation Donast on Other Date
12. Check	Appropriate Box to indicate Nature of No	ouce, Report of Other Data
NOTICE OF IN	NTENTION 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		EMENT JOB
DOWNHOLE COMMINGLE	<del></del>	ZEMENT SOB
OTHER:	□ OTHER: 5	i' of new hole
13. Describe proposed or com		ails, and give pertinent dates, including estimated date
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMAC. For Multip	ple Completions: Attach wellbore diagram of
proposed completion or recompletion.		
8/11/10 - Made 5' of new hole at 12:30 p.m. TD = 55'. Hole size 12-1/4".		
Spud Date: 2/26/10	Rig Release Date:	
	Tag Release Bate.	
I haraby cartify that the information	shove is two and somelets to the best of	1 1 11 11 0
i hereby certify that the information	above is true and complete to the best of my kno	owledge and belief.
	1	
SIGNATURE	TITLE Regulatory Con	mpliance Supervisor DATE August 13, 2010.
SIGNATIONE CONTRACTOR		IIIDHANCE SUBERVISOR DATE. Allonst 13 /0111
Type or print name Tina Huerta	Trogulatory Col	B1112 114gast 15, 2010.
		um.com PHONE: (575) 748-1471
For State Use Only	E-mail address: <u>tinah@yatespetrolet</u>	um.com PHONE: (575) 748-1471
For State Use Only	E-mail address: <u>tinah@yatespetrolet</u>	um.com PHONE: (575) 748-1471
	E-mail address: <u>tinah@yatespetrolet</u>	

J. W.