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 88240 District II	OU CONCEDUATION DIVIGION	30-025-40073
1301 W. Grand Ave., Artesia, NM 88	ECCUL CONSERVATION DIVISION  South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Canta Ea NIM 07505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	PR 25 2011 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	RESAICREPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Gambler State Unit
PROPOSALS.)	_ /	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	1 /
2. Name of Operator Yates Petroleum Corporation		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:	750 feet from the South line and	1500 feet from the East line
Section 32	Township 11S Range 32E	NMPM Lea County
Section 32	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3000 20 Sec 25 50	4401'GR	
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF I	NTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		RK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEMEN	II JOB
DOWNHOLE COMMINGLE	The second secon	Room project
OTHER:	OTHER: Set cor	iductor with locking cap
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.		
The state of the s		
4/19/11 – Opened hole to 36" to a depth of 15'. Set and cemented 15' of 30" conductor with a locking cap at 9:30 AM. TD 15'. Notified		
E.L. Gonzales NMOCD-Hobbs of operations via email.		
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Spud Date: 3/31/1	Rig Release Date:	and the second of the second o
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and complete to the best of my knowledge and benef.		
SIGNATURE TITLE Regulatory Compliance Supervisor DATE April 22, 2011		
Type or print name Tina Hu	erta E-mail address: tinah@yatespetroleu	m.com PHONE:575-748-4168
For State Use Only		
ADDDOVED DV.	1 // BUTTLE CONSTITUTE	DATE 4-26-2011
APPROVED BY: DATE 4-6-10/1 Conditions of Approval (if any):		
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