Submit 1 Copy To Appropriate District		State of New Mexico		Form C-103	
District I	Energy Minerals and Natural Recourses			October 13, 2009 WELL API NO.	
District II	otrict II OI W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-40073 5. Indicate Type of Lease	
				· · · · · · · · · · · · · · · · · · ·	FEE 🗆 /
District IV 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease	No.
87505	RECEIVED				
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				7. Lease Name or Unit A Gambler State Unit	greement Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				8. Well Number	
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: 750 feet from the South line and 1500 feet from the East line					
Section			inge 32E		County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4401'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 TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL					RING CASING 🗌
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
DOWNHOLE	E COMMINGLE				
OTHER:			OTHER: 5' new h		\boxtimes
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.					
5/6/11 – Made 5' new hole at 9:50 AM. TD 20'. Hole size 12-1/4". Notified E.L. Gonzales NMOCD-Hobbs of operations via email.					
					*
Spud Date:	3/31/11	Rig Release D	ate:		
- F					
Thomshire contid	So that the information above is true	and complete to the b	act of my limavilada	o and haliaf	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE TITLE Regulatory Compliance Supervisor DATE May 10, 2011					
Type or print		E-mail address: <u>ti</u>	nah@yatespetroleui	m.com PHONE: 5	75-748-4168
For State Use	e Only	1	_	_	
APPROVED BY STORY TITLE STAFF MAR DATE 5-12-2011					
Conditions of	Approval (if any):			1	,