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Submit 1 Copy To Appropriate District Office State of New Me		Form C-103
District 1 1625 N. French Dr., Hobbs, NM 88240	al Resources WELL API NO.	October 13, 2009
District II 1301 W. Grand Ave., Artesia, NM WOBBS OCOLL CONSERVATION District III 1220 Search St. From		
<u>Districtiii</u> 1220 South St. Fran		EE 🗇
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87	505 6. State Oil & Gas Lease N	
1220 S. St. Francis Dr., Santa Fe, N. 87505	VO-7379	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Ag	reement Name
(DO NOT USE THIS FORM FOR PROCESSAES TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FQ		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number	
2. Name of Operator	9. OGRID Number	
Yates Petroleum Corporation	025575 10. Pool name or Wildcat	
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210	Red Hills; Bone Spring, Ea	st (Oil)
4. Well Location		
Unit Letter M : 330 feet from the South	line and660 feet from the	West line
Section 35 Township 24S Range 34E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3389'GR		
The second secon		
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 ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING		
		_
OTHER: 5' 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.		
5/16/11 – Made 5' new hole at 11:30 AM. TD 115'. Hole size 12-1/4". Notified E.L. Gonzales NMOCD-Hobbs of operations via email.		
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Spud Date: 6/30/10 Rig Release Da	e:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certary that the intermation above is true and complete to the best of my knowledge and benefit.		
SIGNATURE TITLE Regulatory Compliance Supervisor DATE May 18, 2011		
SIGNATURE TITLE Regulato	cy Compliance Supervisor DATE May 18,	<u> 2011</u>
Type or print name Tina Huerta		
For State Use Only		
APPROVED BY TITLE STAFF MA DATES - 19-2011		