Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 867 PRS OC	Diergy, winterals and Natural Resources	WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-40054 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NMJUN 0 6 20	11 1220 South St. Francis Dr.	STATE S FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	2	6. State Oil & Gas Lease No. VB-1192
SUNDRY NOTICES A	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Basilisk BQS State Com  8. Well Number
PROPOSALS.)  1. Type of Well: Oil Well  Gas V	Vell Other	1H
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; Bone Spring
4. Well Location Surface N : 330 feet from the South line and 1980 feet from the West line BHL C 330 feet from the North Line and 1980 feet from the West line		
Section 36 Township 24S Range 32E NMPM Lea County / 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3557'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 ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE		
OTHER:	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.		
6/1/11 – Made 5' new hole at 1:40 PM. TD 30'. Nofitied E.L. Gonzales NMOCD-Hobbs of operations via email.		
Spud Date: 3/1/11	Rig Release Date:	
Spud Dute.	Nig Release Date.	
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 June 2, 2011		
Type or print name E-mail address: PHONE: 575-748-4168 For State Use Only		
APPROVED BY DATE O-7-2011		
Conditions of Approval (if any):	·	<u>۲</u>
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