District I	State of New Mexico		Form C-103
1625 N. French Dr., Hobbs, NM 88240 Phone:(505) 393-6161 Fax:(505) 393-0720	French Dr., Hobbs, NM 88240		Permit89409 CES
District II Oil Conse		rvation Division	
1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720 1220		St Francis Dr. 30-005-64037	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170		Fe, NM 87505	5. Indicate Type of Lease S
District IV			
1220 S. St Francis Dr., Santa Fe, NIM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462			6. State Oil & Gas Lease No.
SUNDRY NOTICES 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 DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			H
PROPOSALS.)			8. Well Number 001
1. Type of Well:O			001
2. Name of Operator YATES PETROLEUM CORPORATION			9. OGRID Number 25575
3. Address of Operator 105 S 4TH ST , ARTESIA , NM 88210			10. Pool name or Wildcat
4. Well Location		1400 V V	1
Unit Letter M : 810 feet from	athe S line ar	ud 810 feet from	n theW line
Section 36 Township	12S F	27E	NMPM Chaves County
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3706 GR Pit or Below-grade Tank Application or Closure Pit Type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION PERFORM REMEDIAL WORK PLUTEMPORARILY ABANDON CHA			QUENT REPORT OF: ALTER CASING
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
1/20/2009 Spudded well.			
1/20/09 Spudded well at 6:00 AM. Set 40' of 20" conductor and cemented with 3 sx redi-mix to surface.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan . SIGNATURE Electronically Signed TITLE DATE 2/4/2009			
Type or print name Monti Sanders	E-mail address	montis@ypcnm.com	Telephone No. 575-748-4244
For State Use Only: APPROVED BY: Jacqueta Reeves	TITLE Di	strict Geologist	DATE 2/16/2009