Submit 3 Copies To Appropriate District Office	State of New Mexico		MAR 12 2009	Form C-103
<u>District I</u>	Energy, Minerals and Natu	ral Resources	WELL API NO.	June 16, 2008
1625 N French Dr , Hobbs, NM 88240 District II	OH CONCEDIATION DURINGS		30-015-36074	
1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St Francis Dr, Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Ag	greement 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			Osage BMS Com	
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; Devonian	
4. Well Location Unit Letter M: 760 feet from the South line and 660 feet from the West line				
. Well blocation offit better 171. 700 feet from the goath. The and 1000 feet from the 1905 file.				
Section 30 Tov	vnship 26S Range	24E NMPN	A Eddy County	
	11. Elevation (Show whether DR,	TTTT-10-10-10-10-10-10-10-10-10-10-10-10-10-		
	3978' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		√	ING CASING 🔲	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI			Α 🗆
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗌	
OTHER: Name Change		OTHER:	2.010	
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.				
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Yates Petroleum Corporation respectfully requests to change the name of the Osage FEE #1 to the Osage BMS				
Com #1,				
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I hereby certify that the information	above is true and complete to the be	est of my knowledge	e and belief.	
() (,	
	D. M.			
SIGNATURE \(\frac{1}{2}\)	TITLE	Regulatory Age	ent DATE <u>3/11</u>	<u>t/2009</u>
Type or print nameCy Cov	van E-mail address: cy(a	yatespetroleum.com	n PHONE: <u>575-748-43</u>	<u>72</u>
For State Use Only				•
APPROVED BY: DATE 3/19/09				
Conditions of Approval (if any):	111LE	in mali 104	DATE	1/10/0 1
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