Submit 2 Copies To Appropriate District	State of New Mexico	Form C-103 A
Office <u>District I</u>	Energy, Minerals and Natural Resources	MAY 12 2009 June 19, 2008
1625 N French Dr , Hobbs, NM 88240		WELL API NO.
District II	OIL CONSERVATION DIVISION	30-005-63715
1301 W Grand Ave, Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410		STATE  FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr, Santa Fe, NM		VA-2042
87505 SUNDRY NOT	TCES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Dice State Unit
DIFFERENT RESERVOIR USE "APPL	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS)	Con Wall Man	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	2
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia,	NM 88210	Foor Ranch, Wolfcamp
4. Well Location		
Unit Letter M:	660 feet from the South line and	660 feet from the West line
Section 15	Township 10S Range 26E	NMPM Chaves County
	11. Elevation (Show whether DR, RKB, RT, GR, et	
	3781'GR	
12. Check	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF I	ITENTION TO	DOFOLIENT DEDORT OF
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	_	
TEMPORARILY ABANDON		RILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE		
	_	_
OTHER.	OTHER: Name	Change \(\times\)
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.		
E Well Des Chata Head		
Former Wellname: Dice State Unit #2		
New Wellname: Dice BLT State Com #2		
New Wenname: Dice BL1 State Conf #2		
Effective 5/15/09		
Effective 3/13/09		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief		
Thereby cortify that the information above is true und complete to the best of my knowledge and benef		
11.		
SIGNATURE (( \lambda \	TITLE Regulatory Complian	ce Supervisor DATE May 7, 2009
S.G. M. LOIM	Regulatory Compilan	00 Supervisor Diff 1910 1910 1, 2007
Type or print nameTina Hue	erta E-mail address: tinah@yatespetroleum	.com PHONE: 575-748-4168
For State Use Only		2707.10 1100
APPROVED BY: ( )Q CQ	is hoese TITLE Cappoint	DATE 5/12/2009
Conditions of Approval (if any):	710	24 24 1000