Submit 3 Copies to Appropriate District Office District I

State of New Mexico **Energy, Minerals and Natural Resources**

Form C-103 Revised March 25, 1999

1625 N. French Dr., Hobbs, NM 88240

WELL API NO.						
3	0-005-63551					
·.	Indicate Type of Lease	٦				
	STATE X FEE State Oil & Gas Lease No.					
٠.	State Oil & Gas Lease No.					

District II	DIVISION	30-005-63551							
811 South First, Artesia, NM 88210 District III	5. Indicate Type of Lease								
000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE						
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.								
	VA-2015								
SUNDRY NOTICES AN			1	e or Unit Agree	ment Name:				
(DO NOT USE THIS FORM FOR PROPOSALS T									
DIFFERENT RESERVOIR. USE "APPLICATIO PROPOSALS.)	Loretta BBO State 30929								
1. Type of Well:	Loretta BBO State								
	Other								
2. Name of Operator	8. Well No.								
Yates Petroleum Corporation			2						
3. Address of Operator			9. Pool name or Wildcat						
105 South Fourth Street, Artesia, New M	exico 88210		Wildcat Precambrian						
4. Well Location									
Unit Letter: G: 1980'		line and		feet from the	East	line			
Section 19			NMPM	County	Chaves				
	10. Elevation (Show wh	•	RT, GR, etc.)						
		3739'							
11. Check Approp	• •								
NOTICE OF INTENT	SUBSEQUENT REPORT OF:								
PERFORM REMEDIAL WORK PLUG	REMEDIAL WORK ALTERING CASING								
TEMPORARILY ABANDON CHAN	COMMENCE DR	COMMENCE DRILLING OPNS PLUG AND ABANDONMENT							
PULL OR ALTER CASING MULT COMP	IPLE LETION	CASING TEST AND CEMENT JOB							
OTHER: Name Change		OTHER:							
<u> </u>	Ai (Classic Attack)								
12. 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.									
Yates Petroleum Corporation wishes to change the name of the captioned well to the Loretta BBO State #2 from the Loretta BBO State Com. #2. Thank you.									
I hereby certify that the information above	ve is true and complete to t	the best of my kn	owledge and be	lief.					
SIGNATURE COLL .	TITLE	Regulatory T	_	DATE	03/14/03				
Type or print name Robert Asher			T	elephone No.	(505) 748-14	71			
(This space for State use)	/					,			
APPROVED BY	TITLE		* *	DATE					
Conditions of approval, if any:									