Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIVISION		30-015-20783
1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u>	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St Francis Dr., Santa Fe, NM 87505			
	ICES AND REPORTS ON	N WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI			Vandiver Com
PROPOSALS.)	<u></u>		8. Well Number
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other	RECEIVED	9. OGRID Number
Yates Petroleum Corporation		DEC - 8 2009	9. OGRID Number 025575
3. Address of Operator			10. Pool name or Wildcat
105 South Fourth Street, Artesia, N	√M 88210	NMOCD ARTESIA	Atoka; Morrow, West (Gas)
4. Well Location Unit Letter M: 660 feet from the West line and 990 feet from the South line			
Section 18	Township 1	8S Range 26E	NMPM Eddy County
		ether DR, RKB, RT, GR, etc.	
		3430'GR	
12 Check	Appropriate Box to Inc	dicate Nature of Notice,	Report or Other Data
			•
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF: ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			——————————————————————————————————————
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEMEN	
DOWNHOLE COMMINGLE			
OTHER:		OTHER: Name O	Change 🖂
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.			
proposed completion of recompletion.			
Former Wellname: Vandiver Com #1			
New Wellname: Vandiver #1 37937			
Effective 12/1/09			
Spud Date:	Rig R	elease Date:	
<u></u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
and only and the internation above to the complete to the best of my knowledge and belief.			
SIGNATURE / A \ \ \		F D 14 C 1	G ' DATE D 1 1 2000
SIGNATURE ()	TITL	E <u>Kegulatory Compliance</u>	Supervisor DATE December 4, 2009
Type or print name Tina Hue	erta E-mail add	ress: tinah@yatespetroleur	m.com PHONE: <u>575-748-4168</u>
For State Use Only			
APPROVED BY:	Au D TITLI	E CAMPANA	DATE 1218 ICR
Conditions of Approval (if any).	1	- working	