Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-37086
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 S FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VO-5459
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPE	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name
PROPOSALS.)	CATION TORTERWIT (FORWIC-101) TORBOOT	Indigo BHC State Com
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 4
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporat	ion	025575
3. Address of Operator		10. Pool name or Wildcat
105 S. 4 th Street, Artesia,	NM 88210	Four Lakes; Mississippian (Gas)
4. Well Location Unit Letter D:	660 feet from the North line and	660 feet from the West line
Section 5	Township 12S Range 35E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application	4162' GR	
	er Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mi	Below-Grade Tank: Volumebbls	; Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF I	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL V	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE	DRILLING OPNS. P & A
PULL OR ALTER CASING		
_	_	_
OTHER:	☐ OTHER:	Name 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Effective May 2, 2005, Yates Petroleum Corporation requests to change the wellname as follows:		
From: Indigo State Unit #4		
To: Indigo BHC State Com #4	26	75
	PROPERTY NO. 34	
	Cham. Oct 12 3 A	709_
	PROPERTY NO	
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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 Storm	TITLE Regulatory Cor	npliance Technician DATE 5-5-05
Type or print name Stormi D For State Use Only	E-mail address: stormid@yp	cnm.com Telephone No. <u>505-748-1471</u>
FOI State USE UIIIY	חבדסמורו	IM ENGINEER MAY 1 3 2005
APPROVED BY:	TITLE	JM ENGINEER MAI 1 3 2005 DATE
Conditions of Approval (if any):	11111	DATE