Submit 3 Copies To Appropriate District Office District I State of New Mo Energy, Minerals and Natu	ural Resources May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM 87505	ncis Dr. STATE S FEE
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS) 1. Type of Well: Oil Well Gas Well Other	UG BACK TO A
2. Name of Operator Vetes Petrology Corneration	9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	10. Pool name or Wildcat Eight Mile Draw; Morrow, NW
4. Well Location Unit Letter C: 660 feet from the North line and 2310 feet from the West line	
Section 14 Township 11S Range 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4145' GR Pit or Below-grade Tank Application or Closure	
Pit or Below-grade Tank Application [] or Closure [] Pit type Depth to Groundwater Distance from nearest fresh w	ater well Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL	SUBSEQUENT REPORT OF: REMEDIAL WORK
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.	
Former Wellname: Waylon State Unit #8	received
New Wellname: Waylon BMD State #8	JUN 0 5 2008
OPER. OGRID NO. 2557: PROPERTY NO. 37235	HOBBS OCD
POOL CODE 6/6/08 EFF. DATE 6/6/08 API NO. 30-025-38256	
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 CILLED TITLE Regulatory Compliance Technician DATE 6/03/08	
Type or print name Allison Barton E-mail address: ab For State Use Only	arton@ypcnm.com Telephone No. (575) 748-1471
APPROVED BY: WELLES DETECT SUPERVISOR/GENERAL MANAGER Conditions of Approval (if any): DATE DATE	