Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008
1625 N. French District II 1301 W. Grand Ave., Artesia M 8820 1 District III 1000 Rio Brazos Rd., Aztec, NM 87410	2008 CONSERVATION 1220 South St. Fran Santa Fe. NM 8	N DIVISION ncis Dr.	WELL API NO. 30-025-39117 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Saltia P. N. 87505		7303	V-5617
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			7. Lease Name or Unit Agreement Name Kris State Unit 8. Well Number
2. Name of Operator			9. OGRID Number
Yates Petroleum Corporation 3. Address of Operator 105 South Fourth Street, Artesia, NM 88210			10. Pool name or Wildcat Eight Mile Draw; Mississippian
4. Well Location Unit Letter A: 660 feet from the North line and 990 feet from the East line			
Section 34 Township 11S Range 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4159' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE			LING OPNS. P AND A
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.			
Former Well Name: Kris State Unit #3	OPER. OGRIE	NO.25575	<u></u>
New Well Name: PROPERTY NO. 37404			
Kris BMV State Com #3 POOL CODE 97.015			
Effective 10/01/08 EFF. DATE 10-1-08 API NO. 30-025-39117			
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Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CLLSON	TITLE Reg	ulatory Compliance	Technician DATE 9/30/08
Type or print name Allison Barry For State Use Only		abarton@ypcnm.con	227.27.0000
APPROVED BY: Conditions of Approval (if any):	THILE	TROLEUM ENGIN	EER 0 CT 0 3 2008 DATE