Submit 3 Copies To Appropriate District  State of New Mexico	Form C-103
Office District I  Office District I  Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-39294
District II 1301 W Grand Ave., Artesia, NM 200 20 20 QUEL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87505 District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St Francis Dr., Santa Fe, NM 87505	VO-5456
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Willie State Unit
1. Type of Well: Oil Well Gas Well X Other	8. Well Number
2. Name of Operator /	9. OGRID Number
Yates Petroleum Corporation	025575
3. Address of Operator	10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Four Lakes; Mississippian (Gas)
4. Well Location Unit Letter A: 990 feet from the North line and	990 feet from the East line
Section 36 Township 11S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
4139' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	<u> </u>
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR	
PULL OR ALTER CASING, MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE	
OTHER:	Name Change
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	ttach wellbore diagram of proposed completion
or recompletion.	
OPER. OGRID NO. 025575	`\
Former Well Name Willia State Unit #5	
Wille State Unit #1	
POOL CODE 97 053	
New Well Name: Willie BNX State #5  EFF. DATE 01-21-09	
APINO. 30-025-39294	
Effective 1/21/09	
4	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE Office Title Regulatory Compliance	e Technician DATE 1/14/09
SIGNATURE REgulatory Compliance	C recinician DATE 1/14/09
Type or print name Allison Barton E-mail address: abarton@yatespetroleu	m.com PHONE: (575) 748-4385 .
For State Use Only	
APPROVED BY: TITLE PETROLSUM EI	VGINGER DATE IAN 2 1 200
Conditions of Approval (if any):	