Submit 3 Copies To Appropriate District  State of New Mexico	Form C-103
Office District I  Office District I	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-39325
District II 1301 W. Grand Ave., Artesia, NMUSS 02 3 7 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rig Proces Rd Agtes NIMATERSOCO 1220 South St. Francis Dr.	STATE FEE
District IV	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM 87505	VO-6326
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	Reba BNT State
PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number
1. Type of Well: Oil Well Gas Well Other	6
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	Llano; Upper Penn
4. Well Location Unit Letter E: 2310 feet from the North line and	990 feet from the West line
Section 32 Township 11S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	
4166' GR	
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO	SECULENT DEDORT OF
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	
DOWNHOLE COMMINGLE	
OTHER:	
OTHER: OTHER:  13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	
or recompletion.	
1	
10/21/09 Spudded 12-1/4" hole @ 2:30 p.m. TD 10'.	
10/21/05 Space 12 17 1 100 @ 200 p.m. 12 10 .	
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Spud Date: Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge	es and balisf
i hereby certify that the information above is true and complete to the best of my knowledge.	ge and benef.
SIGNATURE CILLO TITLE Regulatory Compliance	e Technician DATE 1/22/09
The second of th	PHONE: (575) 740 4005
Type or print name Allison Barton E-mail address: abarton@ypcnm.co  For State Use Only	om PHONE: (575) 748-4385 .
	IAN272009
APPROVED BY: TITLE PETROLSUM ENG	DATE
Conditions of Approval (a any):	