Submit 3 Copies To Appropria Energy State of New Mexico Office District I 1625 N French Dr., Hobbs, NM 88JAN 2 8 2009 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  SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Form C-103 May 27, 2004  WELL API NO. 30-025-38584  5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FÓRM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well  Gas Well Other  Other			Strait BLQ State Com  8. Well Number  6
2. Name of Operator Yates Petroleum Corporation  3. Address of Operator 105 S. 4 <sup>th</sup> Street, Artesia, NM 88210			9. OGRID Number 025575  10. Pool name or Wildcat Wildcat; Mississippian
4. Well Location Unit Letter C: 660 feet from the North line and 2310 feet from the West line Section 29 Township 10S Range 34E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4239' GR  Pit or Below-grade Tank Application □ or Closure □  Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
NOTICE OF INTENTION T PERFORM REMEDIAL WORK ☐ PLUG AND A TEMPORARILY ABANDON ☐ CHANGE PL PULL OR ALTER CASING ☐ MULTIPLE C  OTHER:  13. Describe proposed or completed operations	O: ABANDON  ANS  OMPL	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT OTHER:	SEQUENT REPORT OF:    ALTERING CASING   LING OPNS   P & A       JOB   Drilling 5' of new hole   M
of starting any proposed work). SEE RUL or recompletion.  1/26/09 Made 5' of new hole @ 4:30 p.m. TD = 85	E 1103. For Multiple	Completions: Att	ach wellbore diagram of proposed completion
I hereby certify that the information above is true an grade tank has been/will be constructed or closed according t	d complete to the best o NMOCD guidelines [],	t of my knowledge a general permit 🗌 o	and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan
SIGNATURE (Illinois Parton	TITLE _Re	gulatory Compliar	nce Technician DATE 1/27/09
Type or print name Allison Barton For State Use Only	E-mail address:	abarton@ypcnn	n.com Telephone No. (575) 748-1471
APPROVED BY: Conditions of Approval (ff any):	TITLE		NGINEER DATE A N 2 9 2009
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