Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Tregy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W Grand Ave., Artesia, NMR8210 1 200	OIL'CONSERVATION DIVISION	30-025-39174 5. Indicate Type of Lease
District III	1770 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NOBBSOC District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM 87505		VA-2003
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS T	O DRILL OR TO DEEPEN OR PLUG BACK TO A	The Board Name of Omerage of the State of th
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	FOR PERMIT" (FORM C-101) FOR SUCH	Kris BNB State Com
	Vell 🛛 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 88	210	Eight Mıle Draw; Mississippian
4. Well Location Unit Letter D: 660	feet from the North line and	660 feet from the West line
		NMPM Lea County
Section 27	Township 11S Range 34E Elevation (Show whether DR, RKB, RT, GR, et	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTEN	TION TO:	BSEQUENT REPORT OF:
	IG AND ABANDON ☐ REMEDIAL WO	
· · · - · · · · · · · · · · · · · ·		RILLING OPNS. P AND A
	LTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE .		··
OTHER.	□ OTHER:	Drilling 5' of new hole
OTHER: 13 Describe proposed or completed or		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.		
		•
2/09/09 Made 5' of new hole @ 2:40 p.m. TD = 45'. Notified Sylvia Dickey w/Hobbs NMOCD via e-mail.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above	is true and complete to the best of my knowled	dge and belief.
·		
And Kat	myor P. D. Li. G. II	
SIGNATURE CULLIANTON	TITLE Regulatory Complian	nce Technician DATE2/10/09
Type or print name Allison Barton E-mail address: abarton@ypcnm.com PHONE: (575) 748-4385		
For State Use Only		
APPROVED BY AND AND STRICT 1 SUPERVISOR FFR 1.3 2005		
APPROVED BY: DATE Conditions of Approval (if any)		
Conditions of Approval (II ally)		
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