Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Engager Minguels and National Deservices	June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 88 District II 1301 W. Grand Ave, Artesia, NM 88210 District III District III MAX: 1: 0: one 1220 South St. Francis Dr.	WELL API NO. 30-025-38887
1301 W. Grand Ave, Artesia, NM 88210	5. Indicate Type of Lease
1000 Pro Deres D. Antes NM 97410AL 1 / 2000 1220 Doutin Dt. 1 Tanicis DI.	STATE SFEE
District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505	VO-5827
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	1
PROPOSALS.)	Oakridge BIO State Com 8. Well Number
1. Type of Well: Oil Well 🗌 Gas Well 🛛 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	Bagley; Morrow, East (Gas)
4. Well Location Unit Letter J : 1700 feet from the South line and	1980 feet from the East Jine
Section 31 Township 11S Range 34E	-NMPMLea -County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	J
4215' GR	
12. Chook Annuanista Day to Indiante Nations - CNT-ti	Poport or Other Data
12. Check Appropriate Box to Indicate Nature of Notice	, Report of Other Data
NOTICE OF INTENTION TO: SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WOR	RK 🛛 ALTERING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS	RILLING OPNS. P AND A
PULL OR ALTER CASING 🗌 MULTIPLE COMPL 🔲 CASING/CEMEN	IT JOB
OTHER: OTHER:	Correct State Lease Number
13: Describe proposed or completed operations. (Clearly state all pertinent details, ar	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	
or recompletion.	
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lease correct the State Oil & Gas Lease Number on the captioned well to VO-5827.	
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pud Date: Rig Release Date:	
hereby certify that the information above is true and complete to the best of my knowleds	as and balief
All interit	
IGNATURE (UIRCETAN OL TITLE Regulatory Compliance	re Technician DATE 5/11/09
ype or print nameAllison Barton E-mail address:abarton@ypcnm.c	om PHONE:(575) 748-4385
or State Use Only	
PPROVED BY:	DATE MAY 1 3 2009
Conditions of Approval (if any):	
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