3	id copy
	mailed 6/5/09 Form C-103
District I Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Ave., Artesia, NM 88210	30-025-38584 /
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE S FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
8/505	
SUNDRY NOTICES AND REPORTS ON WELLS (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	7. Lease Name or Unit Agreement Name
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	9. OGRID Number 025575
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210	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 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; Co	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
	ILLING OPNS. P&A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	T JOB
OTHER: OTHER: OTHER:	Drilling 5' of new hole
13. Describe proposed or completed operations. (Clearly state all pertinent details, 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.	
3/23/09 Made 5' of new hole @ 11:00 a.m. TD = 100'. Notified Sylvia Dickey w/Hobbs	NMOCD via a mail
5/25/09 Made 5 of flew flote @ 11.00 a.m. 1D - 100. Notified Sylvia Dickey W/Hobbs	NWOCD VIA E-MAII.
I hereby certify that the information above is true and complete to the best of my knowledg	e and helief. I further contifue the second in the latest
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit	or an (attached) alternative OCD-approved plan .
SIGNATURE Ollion Saston TITLE Regulatory Complia	nce Technician DATE 3/24/09
Type or print name Allison Barton E-mail address: abarton@ypcn: For State Use Only	m.com Telephone No. <u>(575) 748-1471</u>
PSTRAI SI MI	ENGINEER JUNO8 2009
APPROVED BY:TITLETITLETITLETITLETITLETITLETITLE	DATE