Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 88240		WELL API NO. 30-025-38888
District II 1301 W Grand Ave., Artesia, NN	SUPPLICONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
District III	220 South St. Francis Dr.	STATE STEE
1000 Rio Biazos Ru., Aziec, INVI 6/410	1 2009 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM		
87505 HOBB		V-5875
	ES AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Orbison State Unit
PROPOSALS)	W. H. O.	8. Well Number
1. Type of Well: Oil Well Gas Well Other		2
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		025575
3. Address of Operator	r 00010	10. Pool name or Wildcat Wildcat
105 South Fourth Street, Artesia, NM	1 88210	Four Lakes; Devonian, South 2977287
4. Well Location		1000
	feet from the South line and	1980 feet from the East line
Section 14	Township 12S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4155' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT	ENTION TO: SUE	SSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WOF	
		RILLING OPNS P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
	,	
OTHER:	OTHER	Name Change
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.		
OPER. OGAID NO. 25575		
	PROPERTY NO. 378	011
Former Well Name:		010
Orbison State Unit #2	POOL CODE 977	<u>28</u>
New Well Name: EFF. DATE 9-15-09		
Orbison BON State Com #2 API NO. 30-025-38888		
	AI 110. 00 0 23	-30008
Effective 9/15/09		
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 and belief.		
SIGNATURE Office	TITLE Decilitary Commission	Testariais DATE 0/10/00
SIGNATURE COLLEGE	TITLE Regulatory Complianc	e Technician DATE 9/10/09
Type or print nameAllison Bart	ton E-mail address: abarton@yatespetrol	enni.com PHONE: (575) 748-4385
For State Use Only		CED 1 4 0000
	PETROLEUM ENGIN	EER OLI 17 COUY
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		· · · · · · · · · · · · · · · · · · ·
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