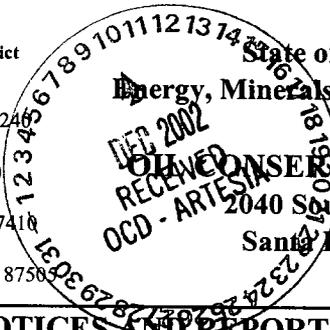


Submit 3 Copies to Appropriate District

Office
District I
1625 N. French Dr., Hobbs, NM 88246
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505



State of New Mexico
Energy, Minerals and Natural Resources
CONSERVATION DIVISION
2040 South Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-005-63440
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6997

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 PROPOSALS.)

1. Type of Well:
Oil Well Gas Other

7. Lease Name or Unit Agreement Name:
Pennzoil "SG" State Com.

2. Name of Operator
Yates Petroleum Corporation

8. Well No.
2

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88210

9. Pool name or Wildcat
Wildcat Precambrian

4. Well Location
Unit Letter: P : 660 feet from the South line and 660 feet from the East line
Section 32 Township 7S Range 26E NMPM County Chaves

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3675'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING MULTIPLE COMPLETION

OTHER: Extend APD

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER:

12. 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.

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to January 7, 2004. Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert Asher TITLE Regulatory Technician DATE 12/06/02

Type or print name Robert Asher Telephone No. (505) 748-4364

APPROVED BY [Signature] ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR DATE FEB 20 2003

Conditions of approval, if any: