

Submit 3 Copies to Appropriate District

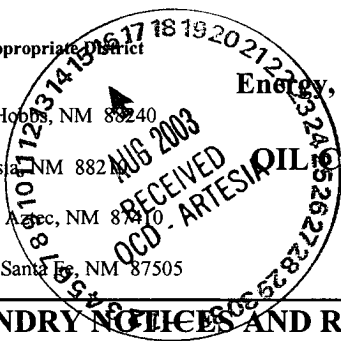
State of New Mexico

Form C-103

Revised March 25, 1999

Energy, Minerals and Natural Resources

Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Artesia, NM 88210  
District IV  
2040 South Pacheco, Santa Fe, NM 87505



OIL CONSERVATION DIVISION

2040 South Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-015-25732

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 Well ☒ Other ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

7. Lease Name or Unit Agreement Name:

Parish "IV" Deep Com.

8. Well No.

1

9. Pool name or Wildcat

Mississippian

4. Well Location

Unit Letter: J : 1980' feet from the South line and 1980' feet from the East line  
Section 19 Township 19S Range 25E NMPM County Eddy

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

3565' GR

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 September 18, 2004. Thank you.

Last Extension

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

SIGNATURE Robert Asher TITLE Regulatory Agent DATE 08/14/03

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

(This space for State use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE AUG 15 2003

Conditions of approval, if any: