Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Ene ___, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-015-26691

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 RECEIVED
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Cen___a "AGZ" Com

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
Yates Petroleum Corporation

O. C. D.

8. Well No.

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

9. Pool name or Wildcat
S. Dagger Draw Upper Penn

4. Well Location

Unit Letter __L__ : __1980__ Feet From The __South__ Line and __660__ Feet From The __West__ Line

Section __13__   Township __20S__   Range __24E__   NMPM   __Eddy__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3603

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 ☐

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.

Yates Petroleum Corporation wishes to extend this APD approval for another six months.

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

SIGNATURE _____   TITLE __Landman__   DATE __3/2/93__

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____   TITLE __Geologist__   DATE __3-17-93__

CONDITIONS OF APPROVAL, IF ANY:

___ DAYS