Submit 3 Copies to Appropriate District Office	State of New Mexico			Form C-103				
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.				
Distantist II				30-015-30230				
District II 811 South First, Artesia, NM 88210 3031	2040 South Pacheco St.			5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd., Aztec, NM 6410	2040 South	A Santa Ea NM 97505			STATE $\square$ FEE $\mathbf{X}$			
14	MIS Santa Fe,				6. State Oil & Gas Lease No.			
District IV 2040 South Pacheco, Santa Fe AM 87505	CIVED 9							
SUNDRYNOTICE	SAND REPORTS O	N WE	LLS	7. Lease Nan	ne or Unit Agreement Name	e:		
I MO NOT USE THIS FORM FOR PROPH		-						
DIFFERENT RESERVOIR. USE "APPLICATION FOR DEMINT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:								
PROPOSALS.)								
1. Type of Well: 02   Oil Well Gas Well	Parish IV Com.							
2. Name of Operator	0 11/ 11 11							
Yates Petroleum Corporation	8. Well No.	(						
3. Address of Operator	6 9. Pool name or Wildcat							
105 South Fourth Street, Artesia, N	Morrow							
4. Well Location	L	Monow	·····					
Unit Letter: <u>H</u> :	1880 feet from the	North	line and	800	feet from the East	line		
Section     26     Township     19S     Range     24E     NMPM     County Eddy								
			ether DF, RKB,		, 23ddy			
3624' GR								
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
			1	SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON			к 🗌		•		
	CHANGE PLANS		COMMENCE DR	ILLING OPNS	PLUG AND			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	]			
OTHER: Extend APD		X	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 March 14, 2004. Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Technician DATE 01/30/03									
SIGNATURE Call U.	TITLE	Regulatory Technician	DATE	01/30/03					
Type or print name Robert Asher			Telephone No.	(505) 748-4364					
(This space for State user APPROVED BY Conditions of approval, if any:	Mal Signed by The W. Net H Supervices	. GUM	DATE	B 1 8 2009					