

Submit 3 Copies to Appropriate District

Office  
District I

1625 N. French Dr., Hobbs, NM 88240

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

5

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-005-63485

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-9805

7. Lease Name or Unit Agreement Name:

Enron AEY State

8. Well No.

2

9. Pool name or Wildcat

Undesignated Foor Ranch Pre-Permian

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

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location

Unit Letter: P : 660 feet from the South line and 660' feet from the East line

Section 25

Township 9S Range 26E NMPM

County Chaves

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

3834' 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 ~~June 10~~, 2004.  
Thank you.

JUNE 1

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

SIGNATURE

TITLE

Regulatory Technician

DATE

05/16/03

Type or print name Robert Asher

Telephone No.

(505) 748-4364

(This space for State use)

APPROVED BY

TITLE

District Supervisor

DATE

JUN 02 2003

Conditions of approval, if any: