Submit 3 Copies to Appropriate District	State of New Mexico			Form C-103			
Office District I	Energy, Mineral	s and Natur	al Resources			Revised March 25	5, 1999
1625 N. French Dr., Hobbs, NM 88240				WELL API I			
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			30-005-6327			
District III	2040 South Pacheco St.			5. Indicate T			
000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				STATE [FEE S & Gas Lease No		
2040 South Pacheco, Santa Fe, NM 87505		,		o. State On a	& Gas Lease No	•	
SUNDRY NOTICE	TS AND DEPODT	'S ON WE	TTC	7 Lease Nar	ne or Unit Agre	ement Name:	
(DO NOT USE THIS FORM FOR PROP					ne or ome Agre	ement rame.	
DIFFERENT RESERVOIR. USE "APPI PROPOSALS.)							
1. Type of Well:	_	. A V	0.27	Caudill RZ			
	\mathbf{X} Other $\int_{\mathbf{x}}^{L}$	000	W 30				
2. Name of Operator	, and	• • • • • • • • • • • • • • • • • • •	920	8. Well No.			
Yates Petroleum Corporation	15	1/2	65 2	9			
3. Address of Operator	\		S/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	9. Pool name	or Wildcat		
105 South Fourth Street, Artesia,	New Mexico 88210	(E)	T Ch	Wildcat Wo	olfcamp		
4. Well Location		212850	979770				
Unit Letter: E : 198		e North	line and	660'	_feet from the_	West	line
Section 8	Township			NMPM	County (Chaves	
	10. Elevati	on (Show wh	ether DF, RKB,	RT, GR, etc.)			
			3696'		L		
	Appropriate Box t	o Indicate l	1				
NOTICE OF IN	ITENTION TO:		S	UBSEQUE	NT REPORT	OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N	REMEDIAL WOR	RK [ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS	PLUG ABAN	AND IDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	AND			
OTHER: Extend APD		X	OTHER:				
12. Describe proposed or complete	ed operations. (Clea	rly state all p	ertinent details, :	and give pertine	ent dates, includ	ling estimated	date
of starting any proposed wor	k). SEE RULE 1103.	. For Multip	le Completions:	Attach wellbor	e diagram of pr	oposed compl	etion
or recompletion.							
Yates Petroleum Corporation wish	nes to extend the capt	ioned well's A	APD expiration da	ate for one (1) y	ear to July 19, 20	004.	
Thank you.							
I harahy cartify that the informati	on above is twee and	complete to 4	ho host of	omlodes	aliaf		
I hereby certify that the informati	on above is true and	complete to t	ne best of my kn	lowledge and b	eiteI.		
SIGNATURE COLL	<u> </u>	TITLE	Regulatory T	echnician echnician	DATE _	06/16/03	
Type or print name Robert Asher	·			1	Telephone No.	(505) 748-43	364
	0.3 Co >		0.4.				
APPROVED BY	W. Gum	TITLE	District:	Seferviso	W DATE	JUN 16	200 3

Conditions of approval, if any: