Submit 3 Copies to Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-005-62553 **OIL CONSERVATION DIVISION** 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco St. STATE X FEE | 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 LG-8138 7. Lease Name or Unit Agreement Name: 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 (2013)) PROPOSALS.) 1. Type of Well: Hard As Nails AMD State Com. Oil Well Gas Well Other 8. Well No. 2. Name of Operator RECEIVED 4 Yates Petroleum Corporation ო 9. Pool name or Wildcat 3. Address of Operator Undes. Foor Wolfcamp 105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location 1980 feet from the feet from the East line Unit Letter: <u>J</u> County Chaves Section **NMPM** 27 Township 9S Range 26E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON **COMMENCE DRILLING OPNS CHANGE PLANS** PLUG AND **TEMPORARILY ABANDON ABANDONMENT** MULTIPLE **CASING TEST AND PULL OR ALTER CASING** COMPLETION **CEMENT JOB** OTHER: OTHER: Extend APD X 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 11, 2004.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Technician DATE 08/12/03 Type or print name Robert Asher Telephone No. (505) 748-1471 District Supervisor

DATE

TITLE

Conditions of approval, if any:

APPROVED BY

Thank you.