Submit 3 Copies to Appropriate District Office District I

Energy, Minerals and Natural Resources

Form C-103 Revised March 25, 1999

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

OIL CONSERVATION DIVISION 2040 South Pacheco St.

State of New Mexico

30-005-63411

5. Indicate Type of Lease

WELL API NO.

<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	2040 South Pacheco Santa Fe, NM 8750	S S	te Oil & Gas Lea	SEEse No.				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:					
(DO NOT USE THIS FORM FOR PROPOSALS T DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.) 1. Type of Well: Oil Well Gas Well X	PLUG BACK TO A	Roulette AXR State						
2. Name of Operator	18 JU	8. W	ell No.					
Yates Petroleum Corporation	103		2					
3. Address of Operator	(VE) N 9. Po	9. Pool name or Wildcat						
105 South Fourth Street, Artesia, New Mo	VES Wild	Wildcat Basement						
4. Well Location	167	7 15						
Unit Letter: M : 990	feet from the South	line and990	feet from	the West	line			
Section 8	Township 10S Ran	ige 26E NMPM	1 Co	unty Chaves				
10. Elevation (Show whether DF, RKB, RT, GR, etc.)								
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENT	1	SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG	AND ABANDON	REMEDIAL WORK		ALTERING CASING				
TEMPORARILY ABANDON CHAN	IGE PLANS	COMMENCE DRILLING	OPNS	PLUG AND ABANDONMENT				
PULL OR ALTER CASING MULTICOMP	IPLE DETION	CASING TEST AND CEMENT JOB						
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 August 27, 2004. Thank you.

I hereby certify that the information	above is true and complete to t	he best of my knowledge an	d belief.		
SIGNATURE CHILLIA	· TITLE	Regulatory Technician	DATE_	07/16/03	
Type or print name Robert Asher			Telephone No.	(505) 748-4364	
(This space for State use) APPROVED BY	ORIGINAL SIGNED BY THE DISTRICT H SUPERVISOR TITLE		DATE	1 8 2003	

Conditions of approval, if any: