Submit 1 Copy To Appropriate District	State of New Me	xico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natu	ral Resources	Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240			WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION	DIVISION	30-015-24683
811 S First St , Artesia, NM 88210 <u>District III</u> ~ (505) 334-6178	1220 South St. Fran		5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410			STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87	/505	6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM			
87505 SLINIDRY NOT	TICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Gissler AV
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
PROPOSALS)			8. Well Number
1. Type of Well: Oil Well Gas Well Other			43
2. Name of Operator			9. OGRID Number
Yates Petroleum Corporation			025575
3. Address of Operator			10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210			Eagle Creek; San Andres
4. Well Location			
Unit Letter F:	2630 feet from the North	line and	1330 feet from the West line
		-	
Section 23	Township 17S Rai		NMPM Eddy County
	11. Elevation (Show whether DR,		
A Company of the Authority	3506	GK	
12. Check	Appropriate Box to Indicate N	ature of Notice,	, Report or Other Data
			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK \Box	/		_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS. □ PAND A □
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE			
OTHER: Requesting extension		OTHER:	
13. Describe proposed or com	pleted operations. (Clearly state all J	pertinent details, an	nd give pertinent dates, including estimated date
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMAC	C. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or re	completion.		
	uesting an extension for previously a	approved NOI to pl	lug and abandon well which expired on
10/10/12.			
			BEG
			RECEIVE
	Approval Grant	ed providing work 12/3//20/2	
	is complete by.	12/31/20/2	NOV 1 4 2012
	to complete by		
			NMOCD ARTES
			- THI LO
	n: n 1 n		
Spud Date:	Rig Release Da	ite:	
I hereby certify that the information	above is true and complete to the be	est of my knowleds	ge and belief.
	•	,	
11.	.		
SIGNATURE L	TITLE _Regi	ulatory Reporting S	Supervisor DATE November 12, 2012
Type or print name Tina Hu	ierta E-mail address: tir	nah@yatespetroleu	m.com PHONE: <u>575-748-4168</u>
For State Use Only	1		
(Al)	tol.		., / /
APPROVED BY:	TITLE		DATE ///15 /20/2
Conditions of Approval (if any):			/ //