

Submit 3 Copies To Appropriate District Office  
**District I**  
1625 N. French Dr., Hobbs, NM 88240  
**District II**  
1301 W. Grand Ave., Artesia, NM 88210  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
March 4, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-15-32822
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-783-1
7. Lease Name or Unit Agreement Name Greasewood BD State Com.
8. Well Number 11
9. OGRID Number 025575
10. Pool name or Wildcat Wildcat Chester

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		<b>RECEIVED</b> <b>MAY 10 2005</b> <b>OCD-ARTESIA</b>
2. Name of Operator Yates Petroleum Corporation		
3. Address of Operator 105 South 4 <sup>th</sup> Street, Artesia, New Mexico, 88210		
4. Well Location  Unit Letter: <u>C</u> : <u>840</u> feet from the <u>North</u> line and <u>1350</u> feet from the <u>West</u> line  Section <u>6</u> Township <u>19S</u> Range <u>25E</u> NMPM County <u>Eddy</u>  11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3647' GR</u>		
<b>Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)</b> Pit Location: UL <u>C</u> Sect <u>6</u> Twp <u>19S</u> Rng <u>25E</u> Pit type <u>Drilling</u> Depth to Groundwater <u>275'</u> Distance from nearest fresh water well <u>1 mile west</u> <u>less than 1 mile NE</u> Distance from nearest surface water <u>200'</u> Below-grade Tank Location UL <u>1</u> Sect <u>1</u> Twp <u>19S</u> Rng <u>25E</u> <u>10 Points</u> feet from the <u>10 Points</u> line and <u>10 Points</u> feet from the <u>10 Points</u> line		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> <b>Extend APD</b>	

13. 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 request to extend the captioned well's APD expiration date for one (1) year to June 5, 2006. Sources at Yates Petroleum Corporation have relayed information to me that they believe there will not be enough H2S anticipated from the surface to the Chester formation to meet the OCD's minimum requirements for the submission of a contingency plan per Rule 118. Any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines with an approved general permit on file. The State Engineers Web Site has been accessed from the captioned well. Information obtained from this web site determines the Site Ranking for this well is 10 points. With this ranking score capping and encapsulation will take place at pit closure. Thank you,

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☒ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Debbie S. Caffall TITLE Regulatory Technician/Land Department DATE May 15, 2005

Type or print name: Debbie L. Caffall E-mail address: debbiec@ypcnm.com Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY TIM W. GUM  
**DISTRICT II SUPERVISOR**

DATE MAY 15 2005

Conditions of approval, if any: