

Office  
District I

## Energy, Minerals and Natural Resources

Revised March 25, 1999

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

2040 South Pacheco, Santa Fe, NM 87505

## OIL CONSERVATION DIVISION

2040 South Pacheco St.

Santa Fe, NM 87505

WELL API NO.

30-005-00158

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

## 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 C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☒Gas Well ☐Other ☐

RECEIVED

2. Name of Operator

Yates Petroleum Corporation

NOV 18 2003

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

OCD-ARTESIA

7. Lease Name or Unit Agreement Name:

Ruby Jo ATY

8. Well No.

1

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

9. Pool name or Wildcat

Ordovician

4. Well Location

Unit Letter: O : 660' feet from the South line and 1980' feet from the East line

Section 14

Township 8S Range 26E NMPM

County Eddy

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3888'

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐

OTHER: Extend ADP

☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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 December 16, 2004. Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Debbie L. Caffall

TITLE

Regulatory Technician

DATE

11/16/03

Type or print name Debbie L. Caffall

Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY

Jim W. Gunn District Supervisor

TITLE

DATE

NOV 19 2003

Conditions of approval, if any: