Submit 3 Copies to Appropriate District Office District I

State of New Mexico **Energy. Minerals and Natural Resources**

Form C-103 Revised March 25, 1999

1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION	ON DIVISION 30-15-32658
District III 2040 South Page	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE X
District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES 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	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	
1. Type of Well: Oil Well Gas Well X Other	Losee BBU Com.
Oil Well Gas Well M Other 2. Name of Operator	RECFIVED 8. Well No.
Yates Petroleum Corporation	JAN 2 9 7004
	PD_ADTECIA 9. Pool name or Wildcat
105 South Fourth Street, Artesia, New Mexico 88210	CD-ARTESIA 9. Pool name or Wildcat Wildcat Mississippian
4. Well Location	
Unit Letter: O : 660 feet from the South line and 1980 feet from the East line	
Section 28 Township 17S	Range 26E NMPM County Eddy
	w whether DF, RKB, RT, GR, etc.)
	3368
11. Check Appropriate Box to Indic	ate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
·	THE PLANT WAR TO ALTERNA CARNO
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Extend APD x
<u> </u>	
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 February 26, 2005. Thank you.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE D. Signature & Collaco TITLE	Regulatory Technician/Land Department DATE 01/26/04
Type or print name Debbie/L. Caffall/debbiec@ypcnm.com	Telephone No. (505) 748-4364
(This space for State dise)	
APPROVED BY Jam W. Sum TITLE	SUPERVISOR, DISTRICT II DATE JAN 3 0 2004
Conditions of approval, if any:	