

Submit 3 Copies to Appropriate District

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  
2040 South Pacheco, Santa Fe, NM 87505

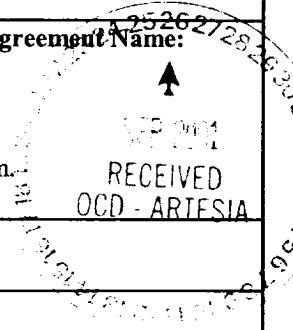
State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco St.  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

C157  
OP

WELL API NO. 30-005-63297
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-2066
7. Lease Name or Unit Agreement Name: Wager "AWG" State Com.
8. Well No. 3
9. Pool name or Wildcat Undes. Foor Ranch: Pre Permian
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3805'



**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

2. Name of Operator  
Yates Petroleum Corporation

3. Address of Operator  
105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location  
Unit Letter: J : 1500' feet from the South line and 1500' feet from the East line  
Section 34 Township 9S Range 26E NMPM County Chaves

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: Extend APD
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPLETION

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

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 October 16, 2002. Thank you.

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

SIGNATURE Darlene Chavarria TITLE Regulatory Technician DATE 09/24/01

Type or print name Darlene Chavarria Telephone No. (505) 748-1471

(This space for State use)  
APPROVED BY [Signature] ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR TITLE

DATE OCT 07 2001

Conditions of approval, if any: