

Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District ! WELL API NO. 🕨 1625 N. French Dr., Hobbs, NM 87240 District II 30-015-30623 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe. NM 87505 VA-1574 7. Lease Name or Unit Agreement Name: SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LUCKY DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) STATE 1. Type of Well: Oil Well 🔯 Gas Well Other 8. Well No. 2. Name of Operator Yates Petroleum Corporation 3. Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 Crow Flats Morrow Well Location Unit Letter I: 1650 feet from the South line and 660 East feet from the Section NMPM Eddy 32 Township 16S Range 27E County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 33941 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 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 CASING TEST AND COMPLETION **CEMENT JOB** OTHER: EXTEND APD OTHER: XX12. 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 recompilation. Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to April 9, 2001 Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ( TITLE Regulatory Technician DATE 3/31/00 Type or print name Jamie Savoie Telephone No. (505) 748-1471 (This space for State use) PRVISOR DISTRICT H APPPROVED BY TITLE Conditions of approval, if any: