Submit 3 Copies to Appropriate District

State of New Mexico

Form C-103

Office District I	Energy, Minerals and Natural Resources					v_{V}	Revised March 2:	5, 1999	
1625 N. French Dr., Hobbs, NM 88240					WELL API N	NO.			
District II	OIL CONSERVATION DIVISION				30-015-31596				
811 South First, Artesia, NM 88210 District III	2040 South Pacheco St.				5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410					STATE X FEE				
District IV	Santa Fe, NM 87505				6. State Oil & Gas Lease No.				
2040 South Pacheco, Santa Fe, NM 87505					V-5604				
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name:				
(DO NOT USE THIS FORM FOR PRO	POSALS T	D DRILL OR TO D	EEPEN OR	PLUG BACK TO A					
DIFFERENT RESERVOIR. USE "AP									
PROPOSALS.)									
1. Type of Well:						Junior AWW State Com.			
Oil Well Gas Well X Other									
2. Name of Operator					8. Well No.				
Yates Petroleum Corporation					2				
3. Address of Operator					9. Pool name or Wildcat				
105 South Fourth Street, Artesia, New Mexico 88210					Wildcat Morrow				
4. Well Location							_		
Unit Letter: : :	1980'	feet from the	South	line and	1980'	_feet from the		line	
					NMPM	County	y Eddy		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)									
				3580' GR		<u> </u>			
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 WOF	RK [ALT	TERING CASING		
TEMPORARILY ABANDON	CHAN	GE PLANS		COMMENCE DR	ORILLING OPNS PLUG AND ABANDONMENT				
PULL OR ALTER CASING	MULTI	PLE LETION		CASING TEST A CEMENT JOB	AND				
OTHER: Extend APD			X	OTHER:					
12. Describe proposed or comple of starting any proposed we or recompletion.	_								
Yates Petroleum Corporation wish Thank you.	es to exter	nd the captioned	well's APD	expiration date t	for one (1) year	to February 9,	2003.		

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Regulatory Technician 12/27/01 **SIGNATURE** DATE Telephone No. (505) 748-4364 Type or print name Robert Asher (This space for State use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

DATE

Conditions of approval, if any: