

Submit 3 Copies To Appropriate District State of New Mexico Office Form C-103 District I Energy, Minerals and Natural Resources Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-015-27758 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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 XX Gas Well Other Mobile AOB Name of Operator 8. Well No. Yates Petroleum Corporation 3. Address of Operator 9. Pool name or Wildcat Dagger Draw 105 South Fourth Street, Artesia, New Mexico 88210 Upper Penn North 4. Well Location 1980 feet from the North Unit Letter line.and 660' feet from the East Section Township 20S Range 24E NMPM Eddy County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3581' 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** EXTEND APD XXOTHER: 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 recompilation. Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to May 15, 2001 Thank you. I hereby certify that the information above is true and complete to the best of my SIGNATURE 4 TITLE Regulatory Technician DATE <u>April 19</u>, 2000 Type or print name Jamie Savoie Telephone No. (505) 748-1471 (This space for State use CRIGINAL SIGNED BY TIM W. GUM APPPROVED BY Conditions of approval, if any: