

| Submit 3 Copies To Appropriate District Office  | State of N                             | New M          | exico  | Form C-103                            |                 |              |
|---|--|----------------|--|---------------------------------------|-----------------|--------------|
| District I  | Energy, Minerals and Natural Resources |                |  | Revised March 25, 1999                |                 |              |
| 1625 N. French Dr., Hobbs, NM 87240<br>District II  |  |                |  | WELL API NO.                          |                 |              |
| 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION  |  |                |  | 30-015-28373                          |                 |              |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410   | d Aztec NM 87410 2040 South Pacheco    |                |  | 5. Indicate Type of Lease             |                 |              |
| District IV Santa Fe, NM 8/505  |  |                |  | 6. State Oil & Gas Lease No.          |                 |              |
| 2040 South Pacheco, Santa Fe, NM 87505  6. State Oil & Gas Lease No.  |  |                |  |                                       |                 |              |
| 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.)  |  |                |  | 7. Lease Name or Unit Agreement Name: |                 |              |
| 1. Type of Well:  |  |                |  |                                       |                 | j            |
| Oil Well XX Gas Well Other  |  |                |  | Tackett AOT                           |                 |              |
| 2. Name of Operator V   |  |                |  | 8. Well No.                           |                 |              |
| Yates Petroleum Corporation 3. Address of Operator  |  |                |  | 9. Pool name or Wildcat               |                 |              |
| 105 0 11 7 11 0   |  |                |  | Dagger Draw Upper Penn North          |                 |              |
| 4. Well Location  |  |                |  |                                       |                 |              |
| Unit Letter P: 660' feet from the South line and 660' feet from the East line   |  |                |  |                                       |                 |              |
| Section 28 Township 19S Range 25E NMPM Eddy County  |  |                |  |                                       |                 |              |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |                |  |                                       |                 |              |
| 3468*   |  |                |  |                                       |                 |              |
| 11. Check Ap  | propriate Box to Indi                  | icate Na       | ature of Notice, F                           | Report or Other                       | Data            |              |
| NOTICE OF INT   | ENTION TO:                             |                | SUBS   | SEQUENT RE                            | PORT OF:        |              |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                       |                | REMEDIAL WORK                                | · 🗆                                   | ALTERING CAS    | ing 🗆        |
| ·   | CHANGE PLANS                           |                | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT |                                       |                 | - 0          |
|   | MULTIPLE<br>COMPLETION                 |                | CASING TEST AN CEMENT JOB                    | ID                                    | ABANDONMEN      |              |
| OTHER: EXTEND APD   |  | XX             | OTHER:                                       |                                       |                 |              |
| 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. |  |                |  |                                       |                 |              |
| Water Division 1  |  |                |  |                                       |                 |              |
| Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to March 12, 2001  |  |                |  |                                       |                 |              |
| for one (1) year to   | March 12, 2001                         | ·•             |  |                                       |                 |              |
|   |  |                |  |                                       |                 |              |
|   |  |                |  | •                                     | ₩               |              |
|   |  |                |  |                                       |                 | 7.4          |
|   |  |                |  |                                       | A               |              |
| Thank you.  |  |                |  | •                                     |                 |              |
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|   |  |                |  |                                       | * .             |              |
| -   |  |                |  | i di                                  | 6 4:5           |              |
| I hereby certify that the 1   | than it is a                           |                |  |                                       | ·               |              |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                |  |                                       |                 |              |
| SIGNATURE CHIMU SUV   | ou 1                                   | TITLE <u>F</u> | Regulatory Te                                | chnician                              | DATEFebrua      | ary 17, 2000 |
| Type or print name Jamie Savo   |  |                |  | Telen                                 | phone No. (505) | 748-1471     |
| (This space for State use DRIGINAL SIGNED BY TIM W. GUM   |  |                |  |                                       |                 |              |
|   | II SUPERVISOR                          |                |  |                                       |                 | _            |
| Conditions of approval, if any: \( \)   | T                                      | TITLE          |  |                                       | _DATE_Z·Z       | <u>-co</u>   |