Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I<br>P.O. Box 1980, Hobbe, NM 88240   | P.O. Box 2088                                     |  | V                              |  |  |
|--|---|--|--------------------------------|--|--|
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210   |   |  | WELL API NO.<br>30-015-28404   |  |  |
| DISTRICT III   |   | 5. Indicate Type of Lease                    |                                |  |  |
| 1000 Rio Brazos Rd., Aziec, NM 87410   |   | STATE FEE XX  6. State Oil & Gas Lease No.   |                                |  |  |
| SUNDRY NOTIC   | TES AND DEDORTS COMME                             |  | · ·                            |  |  |
| 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 LISE APPLICATION FOR PERMITS.                 |   |  |                                |  |  |
| (FORM C-101) FOR SUCH PROPOSAL CA  |   | 7. Lease Name or Unit Agreement Name         |                                |  |  |
| or.  |   |  | Rodke ADY Com.                 |  |  |
| WELL X WELL  2. Name of Operator   | OTHER   |  |                                |  |  |
| Yates Petroleum Corpora  | tion  |  | & Well No. 1                   |  |  |
| 3. Address of Operator   |   |  | 9. Pool name or Wildcat        |  |  |
| 105 South Fourth Street  4. Well Location  | , Artesia, New Mexico                             | 88210  | Dagger Draw, Upper Penn, North |  |  |
| Unit Letter A: 660' Feet From The North Line and 660' Feet From The East Line  |   |  |                                |  |  |
|  | _   | Line and 000                                 | Feet From The East Line        |  |  |
| Section 21   | Township 19S Ra                                   | inge 25E                                     | MPM Eddy County                |  |  |
|  | 10. Elevation (Show whether 3487 GR               | DF, KKB, KI, GR, etc.)                       |                                |  |  |
| 11. Check Appropriate Box to Indicate Nature of Notice Penart or Other D.  |   |  |                                |  |  |
| NOTICE OF INTE   | ENTION TO:  | SUBS   | SEQUENT REPORT OF:             |  |  |
| PERFORM REMEDIAL WORK  | FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK |  |                                |  |  |
| TEMPORARILY ABANDON  | CHANGE PLANS                                      | ALIEATING CASING                             |                                |  |  |
| PULL OR ALTER CASING   | STATION LANS                                      | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT |                                |  |  |
| OTHER: EXTEND APD  |   | CASING TEST AND CEMENT JOB                   |                                |  |  |
|  | X   | 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. |   |  |                                |  |  |
|  |   |  |                                |  |  |
| We wish to extend the expiration date of this application for one (1) year to March 24, 1998.  |   |  |                                |  |  |
|  |   |  |                                |  |  |
|  |   |  |                                |  |  |
|  |   |  | RECEIVED                       |  |  |
|  |   |  |                                |  |  |
| 11 11 bc   |   |  | FEB 2 5 1997                   |  |  |
| UNLESS ELELLING TIDERWAY   |   |  |                                |  |  |
|  | 1. 1  | KT EAT.                                      | oil con. div.                  |  |  |
| 1  | ~ ·   |  | DIST. 2                        |  |  |
| I bereby certally that the alignment bove is true and  | 1 complete to the base of                         |  |                                |  |  |
| V -1/21.02.20  | t complete to the best of my knowledge and be     | did.   |                                |  |  |

| 1   | LB 67/-              | DIST. 2          |
|---|----------------------|------------------|
| bereby certify that the information above is true and complete to the best of thy knowled | Landman              | February 21, 199 |
| THE OR PRINT NAME Ken Beardemphl  | (505)748-1471        | DATE             |
| Durana (a. C  | пальке во FEB 27 199 |                  |