CISF

Submit 3 Copies To Appropriate District Office	State of Ne	Form C-103					
District I Energy, Minerals and Natural Resources				Revised March 25, 1999 WELL API NO.			
25 N. French Dr., Hobbs, NM 87240 strict II				30-015-28411			
District III OIL CONSERVATION DIVISION 2040 South Pacheco				5. Indicate Type of Lease			
1000 Die Dennes DJ Antes ND4 97410				STATE 🗆 FEE 🖾			
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Gas Lease No.			
				7 Looso Nome	on I Init A and	mont Mon	
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:				Patriot AIZ			
Oil Well XX Gas Well Other Other Other				8. Well No.			
Yates Petroleum Corporation				12			
3. Address of Operator				9. Pool name or Wildcat			
105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location				Dagger Draw Upper Penn North			
Unit Letter F: 1980' feet from the North line and 1980' feet from the West line							
Section 21	Township 199	S Ra	nge 25E	NMPM Edd	v County		
	10. Elevation (Show whe						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INT				SEQUENT F		F:	
			REMEDIAL WOR		ALTERIN		з 🗀
TEMPORARILY ABANDON	CHANGE PLANS [COMMENCE DR	ILLING OPNS.	PLUG AN ABANDO		—
PULL OR ALTER CASING	MULTIPLE [COMPLETION		CASING TEST AI	ND .	כ		
OTHER: EXTEND APD	ſ	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.							
Yates Petroleum Corp	oration wishes t	o ext	end the capt	tioned well	's APD ex	pirati	Lon
date for one (1) yea	r <u>March 12, 200</u>	01	•		بملادين سر		
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Thank you.					∂c_{L}	- 	
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					× 882.99	12	
I hereby certify that the information	above is true and complet	to to the	hast of my longuila	dee and balief			
Thereby certify that the information	· · · ·		Dest of my knowled	uge and bener.			
SIGNATURE CAMUE >	avore	TITLE_	Regulatory '	<u> Technician</u>	DATE_	02/18	/00
Type or print name Jamie S	avoie			T	elephone No.	(505)	748-1471
(This space for State use)	Sens W. S.						
APPPROVED BYBUX_TITLE District Supervisor DATE 2-25-00							
Conditions of approval, if any: Kasr Extension							
or obliging is mill	Kast Extense	ic n	•				

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