

DISTRICT I

P.O. Box 1980, Hobbs NM 88240

DISTRICT II

P.O. Drawer DD, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-29116

5. Indicate Type of Lease

State FEE X

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 OR TO A
DIFFERENT RESERVOIR. USE " APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

BOYD BN Deep Com

1. Type of Well:

OIL

WELL X

GAS

WELL

OTHER

INJECTION

2. Name of Operator

Yates Petroleum Corporation

8. Well No.

5

3. Address of Operator

105 South 4th., Artesia, NM 88210

9. Pool Name or Wildcat

DAGGER DRAW UPPER PENN

4. Well Location

Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 14 Township 19S Rang 25E NMPM EDDY COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

TEMPORARILY ABANDON

CHANGE PLANS

PULL OR ALTER CASING

OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK

ALTERING CASING

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER Extend T/A Status

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.

Yates Petroleum Corporation respectfully requests permission to extend the Temporary Abandoned status of this well for a period of one (1) year. This well is being evaluated for future deepening.

7-11-02- Called Van Barton with NMOCD. Tested casing to 500 psi for 30 minutes, test good. Phil with OCD on location. Chart attached.

Temporary Abandoned Status approved
until 9-13-03

I hereby certify that the information above is a true and complete to the best of my knowledge and belief.

SIGNATURE

Donna Clack

TITLE

REGULATORY TECH

DATE

7/15/02

TYPE OR PRINT NAME

DONNA CLACK

TELEPHONE NO.

505-748-1471

(This space for State Use)

APPROVED BY

[Signature]

DATE

July 15 2002

DATE

JUL 31 2002

CONDITIONS OF APPROVAL, IF ANY: