Submit 3 Copies to Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources

WELL API NO.

Form C-103 Revised March 25, 1999

District II ONCEDIATION DIVISION				30-015-29	30-015-29116			
811 South First, Artesia, NM 88210				5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco St.			STATE FEE X				
District IV	Santa Fe, NM 87505			6. State Oi	l & 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 PROP	OSALS TO DRILL OR TO	DEEPEN OR	PLUG BACK TO	A				
DIFFERENT RESERVOIR. USE "APPL	ICATION FOR PERMIT"	(FORM C-101) FOR SUCH					
PROPOSALS.)		(5)			" D C			
1. Type of Well:	J 04	155		Boyd BN	" Deep Com.			
Oil Well Gas Well	Other	1 Oct	Fo. 5.20	0 337-11 37-				
2. Name of Operator Yates Petroleum Corporation		1000	APLED	8. Well No.	•			
3. Address of Operator		13	ESIA	9. Pool nan	ne or Wildcat			
105 South Fourth Street, Artesia,	New Mexico 88210	1507	21915171 El	Mississipp	ian			
4. Well Location		Q181	(LOI CLAIS)					
Unit Letter: L : 198	0' feet from the	South	line and	660'	feet from the	West	line	
Section 14	Township			NMPM	County H	Eddy		
			ether DF, RKB,					
		,	3440' GR	, , ,				
11 Check A	ppropriate Box to	Indicate		tice Report	or Other Dat			
		Indicate		-	ENT REPORT			
NOTICE OF INTENTION TO:			•	SUBSEQUI	ENI KEPOKI	OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WO	RK	ALTE	RING CASING		
TEMPORARILY ABANDON	ABANDON CHANGE PLANS		COMMENCE DI	OMMENCE DRILLING OPNS. [AND		
DUIL OR ALTER CACING WILL TIPLE			CASING TEST AND					
PULL OR ALTER CASING MULTIPLE COMPLETION			CEMENT JOB					
OTHER: Extend APD		X	OTHER:					
12. Describe proposed or complete of starting any proposed work or recompletion.								
Yates Petroleum Corporation wishes	to extend the captioned	l well's APD	expiration date t	for one (1) vear	to September 18.	2003.		
Thank you.	to extend the cupitones	. wenting	onpiration date	101 0114 (1) 3 441	, , , , , , , , , , , , , , , , , , ,			
Thank you.								
I hereby certify that the information	on above is true and co	mplete to th	ne best of my kr	nowledge and l	belief.			
() () (on above is true and ex					0.77 (0.4 (0.0		
SIGNATURE (A)	<u>•</u>	TITLE	Regulatory	Technician	DATE_	07/31/02		
Type or print name Robert Asher	\				Telephone No.	(505) 748-14	471	
(This space for State use)			a 01	7 / -				
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APPROVED BY UCO	·	TITLE	JUL 0	Take C	DAMW_ <u>L</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Conditions of approval, if any:				,				