

CISF  
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Submit 3 Copies To Appropriate District Office

District I  
1625 N. French Dr., Hobbs, NM 87240

District II  
811 South First, Artesia, NM 87210

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name:  Parish IV Com
2. Name of Operator Yates Petroleum Corporation	8. Well No. 6
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210	9. Pool name or Wildcat Morrow
4. Well Location  Unit Letter <u>H</u> : <u>1880'</u> feet from the <u>North</u> line and <u>800'</u> feet from the <u>East</u> line  Section <u>26</u> Township <u>19S</u> Range <u>24E</u> NMPM Eddy County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3624'	

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 ☐ MULTIPLE COMPLETION ☐

OTHER: EXTEND APD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 recompletion.

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year April 30, 2001.

Thank you.

LAST EXTENSION

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

SIGNATURE Jamie Savoie TITLE Regulatory Technician DATE 3/15/00

Type or print name Jamie Savoie

Telephone No. (505) 748-1471

(This space for State use)

ORIGINAL SIGNED BY JIM W. GUM

APPROVED BY DISTRICT II SUPERVISOR TITLE  DATE 3-24-00

Conditions of approval, if any: BO