

Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-015-30636 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE XX FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 V - 4100SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 🔀 Gas Well Jacque AQJ State Other 2. Name of Operator 8. Well No. Yates Petroleum Corporation 3. Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 West Lost Tank Well Location 1650' feet from the line and 330' South Unit Letter feet from the line Section Township T21S Range R31E NMPM Eddy County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3462 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT.REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** ☐ CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING** ☐ MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: EXTEND APD XXOTHER: 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 Corporation wishes to extend the captioned well's APD expiration date for one (1) year to May 3, 2001 Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE (April 18, 2000 TITLE Regulatory Technician DATE Jamie Savoie Type or print name Telephone No. (505) 748-1471(This space for State use) ORIGINAL SIGNED BY TIM W. GUM APR 2 5 2000 **DISTRICT II SUPERVISOR** APPPROVED BY TITLE DATE Conditions of approval, if any: