

Submit 3 Copies to Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-31912

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-2705

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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location
Unit Letter: F : 1650 feet from the North line and 2310 feet from the West line
Section 2 Township 22S Range 31E NMPM County Eddy

7. Lease Name or Unit Agreement Name:
Graham "AKB" State

8. Well No.
6

9. Pool name or Wildcat
Undesignated Lost Tank Delaware

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3514' GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: Extend APD <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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 to July 24, 2003.
Thank you.

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

SIGNATURE Robert Asher TITLE Regulatory Technician DATE 06/17/02

Type or print name Robert Asher Telephone No. (505) 748-4364

(This space for State use) **ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT II SUPERVISOR JUL 08 2002

APPROVED BY [Signature] TITLE _____ DATE _____

Conditions of approval, if any: _____