

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Case Designation and Serial No.
NM-76936

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | | |
|--|--|--|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 6. If Indian, Allottee or Tribe Name |
| 2. Name of Operator YATES PETROLEUM CORPORATION | | 7. If Unit or CA, Agreement Designation |
| 3. Address and Telephone No. 105 South Fourth Street, Artesia, New Mexico 88210 (505) 748-1471 | | 8. Well Name and No. Sunflower AHW Federal #6 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL and 1980' FEL Section 31, T19S-R24E | | 9. API Well No. 30-015-28158 |
| | | 10. Field and Pool, or Exploratory Area Wildcat Abo |
| | | 11. County or Parish, State Bddy County, New Mexico |

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other: <u>EXTEND APD</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to October 5, 2000.

Thank you.

Approved For 12 Month Period
Ending 10/5/2000



4. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Regulatory Technician Date September 1, 1999

(This space for Federal or State office use)
Approved by (ORIG. COPIES) JOE G. LARA Title Petroleum Engineer Date 9/23/99
Conditions of approval, if any: