

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-34252

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. E-7720

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 S : 1880' Feet From The South Line and 1650' Feet From The West Line

Section 2 Township 16S Range 35E NMPM Lea County

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

3391' GR

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 ☐

OTHER: Move well location and 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.

Yates Petroleum Corporation wishes to move the location of this well from 3300' FSL and 720' FWL, Unit I, Section 2, T16S-R35E to 1880' FSL and 1650' FWL, Unit S, Section 2, T16S-R35E. The total depth and drilling information will remain the same.

Also, Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to December 29, 1999.

APD expires 05/24/99

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

SIGNATURE

Chft. R. May

TITLE Regulatory Agent

DATE 11/5/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

GARY W. WINK

GARY W. WINK
FIELD SUPERVISOR

NOV 24 1998