Form C-103 State of New Mexico **Submit 3 Copies to Appropriate District** Office Revised March 25, 1999 **Energy, Minerals and Natural Resources** District WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-005-63279 **OIL CONSERVATION DIVISION** 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco St. STATE [FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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: Caudill RZ Com. Oil Well Gas Well Other 8. Well No. 2. Name of Operator ~ Yates Petroleum Corporation 10 9. Pool name or Wildcat 3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210 Basement 4. Well Location South 660' : 660' feet from the feet from the West Unit Letter: M line County Chaves Section Township 6S **NMPM** Range 26E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3630' 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 X 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 to July 19, 2004. Thank you.

(This space for Symplese) Seen W. Sum

APPROVED BY

TITLE

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

TITLE

District Supervisor

Regulatory Technician

DATE JUN 1 6 2003

06/16/03

(505) 748-4364

DATE

Telephone No.

Conditions of approval, if any:

Type or print name Robert Asher

SIGNATURE