FORM APPROVED OMB No. 1004-0135 Expires Inovember 30, 2000

Oil Cons.

UNITED STATES N.M. DIV-Dist. 2

DEPARTMENT OF THE INTER 1990 W. Grand Avenue
BUREAU OF LAND MANAGEMEN Artesia, NM 88210 Let

DRY NOTICES AND REPORTS ON WELLS	NM-92154	
this form for proposals to drill or reenter an	6. If Indian, Allottee or Tribe Name	

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLI	CATE = Other instru	ctions on revers	e side	7. If Unit or CA/Agreement, Name and/o	
1. Type of Well		125	2627 ₂₈ 2835	30707 8. Well Name and No.	
Oil Well Gas Well 2. Name of Operator	Other 15		1032		
Yates Petroleum Corporation	259 17	<i>_</i> √?` '	~ ~~~ ~~ ~~	Pay "AYY" Federal Com. #2 9 API Well No.	
3a. Address		3b. Phone No. (inch	nde area code)	2 31-115-63511	
105 South Fourth Street, Arte	esia. NM 88210	3b. Phone No. (inobe (505) 748-1471	CEIVED	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., 7		n) (0 OCC) - ARILLY	7 Wildcat Basement	
660' FSL and 660' FWL, U	nit Letter M	150.	e.V	11. County or Parish, State	
Section 11, T8S-R26E		19/24	EIST MOTOS	Chaves County, New Mexico	
12. CHECK APPROI	PRIATE BOX(ES) TO IND	ICATE NATURE OI	F NOTICE, REPO	ORT, OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Reclamation		
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandor	= :	— — — — — — — — — — — — — — — — — — —	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disp	′	
Following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filled once Testing has been completed. Final Abandonment Notices shall be filled only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.) Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to October 29, 2004.					
Thank you.			ROVED FOR NG <u>/</u>	1_/2MONTH PERIOD	
14. I hereby certify that the foregoing	is true and correct				
Name (Printed/Typed)		Title			
Debbie I	Caffall		Regulator	ry Technician	
Stendure S.	alfall.	Date September 11, 2003			
Property of the second	THIS SPACE FO	OR FEDERAL OR ST	ATE USE		
Approved by Gir P		Title		Date 9/2 (/2)	
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct	table title to those rights in the sul		= i	1/2/05	
Title 18 II S C Section 1001 mak	e it a crime for any person l	mougnaly and willful	lly to make to any	department or agency of the United	