

Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-015-28407 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 District III 2040 South Pacheco STATE  $\square$  $\mathbf{X}\mathbf{X}$ 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 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: Oil Well XX Gas Well Other Patriot AIZ 8. Well No. 2. Name of Operator Yates Petroleum Corporation 9. Pool name or Wildcat Address of Operator 88210 Dagger Draw Upper Penn North 105 South Fourth Street, Artesia, New Mexico Well Location 1980 feet from the South feet from the West K line and 1980 Unit Letter 21 Township 19S Range 25E NMPM Eddy County Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3487 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. **PLUG AND TEMPORARILY ABANDON** CHANGE PLANS **ABANDONMENT** MULTIPLE **CASING TEST AND PULL OR ALTER CASING** COMPLETION CEMENT JOB OTHER: OTHER: XX EXTEND APD 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 recompilation. Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year March 12, 2001 Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief DATE 02/18/00 **SIGNATURE** TITLE Regulatory Technician Type or print name Jamie Savoie Telephone No. (505) 748-1471 (This space for State use) en les. DATE 2 - 25 . cc APPPROVED BY Conditions of approval, if any: 9 5 T