State of New Mexico Form C-103 **Submit 3 Copies to Appropriate District** Revised March 25, 1999 **Energy, Minerals and Natural Resources** District I 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II 30-005-60266 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco St. STATE X FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 VA-2482 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: Buried Canyon AZN State Oil Well 📙 Gas Well Other 2. Name of Operator 8. Well No. Yates Petroleum Corporation 3. Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 Wildcat Mississippian 4. Well Location : 2093 feet from the 2128 feet from the East line Unit Letter: J Range County Chaves Section Township 5S **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3758' GR 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 April 2, 2004. Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Regulatory Technician DATE 02/28/03 Type or print name Robert/Asher Telephone No. (505) 748-4364 (This space for State use) APPROVED BY/ DATE

Conditions of approval, if any: