Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	June 16, 2008
1625 N. French Dr , Hobbs, NM 88240	- -	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-015-37550
1301 W Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410		STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr, Santa Fe, NM 87505		
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Spaniel BPB State Com
	TION FOR PERMIT" (FORM C-101) FOR SUCH	•
PROPOSALS) 1. Type of Well: Oil Well	as Well Other	8. Well Number
1. Type of well. Off well 23 das well Other		1H
2. Name of Operator		9. OGRID Number
Yates Petroleum Corporation		25575
3. Address of Operator		10. Pool name or Wildcat
105 S. 4 th Street, Artesia, New Mexico 88210		Avalon Shale
4. Well Location		
Unit Letter P 1250	feet from the South line and 200 feet from	om the <u>East</u> line
Unit Letter M 660	feet from the South line and 330 feet from	om the <u>West</u> line
	rnship 26S Range 25E NMPM	County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3667' GR	
OTHER: 13. Describe proposed or comple of starting any proposed worl	CHANGE PLANS MULTIPLE COMPL OTHER ted operations. (Clearly state all pertinent details, a c). SEE RULE 1103. For Multiple Completions:	Extend APD and give pertinent dates, including estimated dates
or recompletion. Yates Petroleum Corporation wishe	s to extend the Application for Permit to Drill fo	
	EXTENSION APPROVED DUE DATE Febr	FOR ONEWARDEDENIED
		PARTITION
Γhank you,	DUG NATE FEBR	JAN 1 9 2012
,		JAN 19 2012
		ALMOOD ARTERIA
		NMOCD ARTESIA
		•
hereby certify that the information al	pove is true and complete to the best of my knowled	dge and belief.
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MX		·
SIGNATURE / Wollnder	TITLE Land Regulatory Technician	DATE <u>January 19, 2012</u>
Normal annual management of the Control of the Cont	n F mail address	DHONE (655) 540, 4044
Type or print name Monti Sander	E-mail addressmontis@yatespetrol	leum.com PHONE: (575) 748-4244
For State Use Only		
APPROVED BY: 1. C. May	MANI GON NIST	1/18/7/17
ATIKUVED DI. J (U) V/W/	<i>11) (1) 1 1 1 1 1 1 1 1 1 </i>	DATE 11.1 11 111 12
Conditions of Approval (if any):	TITLE OFFILIGIS!	DATE