Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999			
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, remerais and tratural Accounces			WELL API NO.			
District II	OIL CONSERVATION DIVISION			30-005-63501			
811 South First, Artesia, NM 88210 District III	2040 South Pacheco St.			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE [FEE 5	₹	
District IV 2040 South Pacheco, Santa Fe, NM 8750	·			6. State Oil & Gas Lease No.			
	CES AND REPORT			7. Lease Nam	ne or Unit Agre	ement Name:	
(DO NOT USE THIS FORM FOR PR DIFFERENT RESERVOIR. USE "A' PROPOSALS.)							
1. Type of Well: Oil Well Gas	X Other	\$ 0 0	Ju # 5	MEC Com.			
Oil Well Gas 2. Name of Operator	X Other	1 3 Co	Co 200 0	O MACH NI-	···· v		
Yates Petroleum Corporation		12	SUCO S	8. Well No.			
3. Address of Operator		15		9. Pool name	or Wildcat		
105 South Fourth Street, Artes	ia. New Mexico 88210	/ç&.	4 10/	Wildcat Prec			
4. Well Location		્ડેટ કેટ	29797292	***************************************			
Unit Letter: Lot 6 :	1850 feet from th	ie South		1140	feet from the	West line	
Section 6	Township		nge 23E	NMPM	County	Chaves	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4122'							
11. Check	Appropriate Box (to Indicate	Nature of Not	ice, Report, o	or Other Data	a	
NOTICE OF INTENTION TO: SUBSEQUENT RE							
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON	REMEDIAL WOR	rK	ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS	PLUG ABAN	AND DONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	.ND			
OTHER: Extend APD		X	OTHER:				
12. Describe proposed or comp	leted operations. (Clea	arly state all p	ertinent details, a	and give pertine	nt dates, includ	ing estimated date	
of starting any proposed w or recompletion.							
Yates Petroleum Corporation wis Thank you.	hes to extend the caption	ned well's APD	expiration date f	or one (1) year t	o July 31, 2004.		
I hereby certify that the inform	ation above is true and	-	·	J			
SIGNATURE	ا يريحي	_ TITLE	Regulatory T	echnician	DATE_	06/16/03	
Type or print name Robert Ash			-		elephone No.	(505) 748-4364	
(This space for State use) APPROVED BY	in W. Sun	TITLE	Wistrict.	Superviso	DATE A	NN 16 2003	
Conditions of approval, if any:		<u> </u>				WILL T O FRAME	