| Submit 3 Copies To Appropriate District Office  | State of New Mexico                    |                 |  | Form C-103                              |                      |
|---|--|-----------------|--|---|----------------------|
| District I  | Energy, Minerals and Natural Resources |                 |  | May 27, 2004                            |                      |
| 1625 N. French Dr , Hobbs, NM 88240<br>District II  |  |                 |  | WELL API NO.<br>30-015-29116            |                      |
| 1301 W Grand Ave, Artesia, NM 88210   | OIL CONSERVATION DIVISION              |                 |  | 5. Indicate Type of Lease               |                      |
| District III  | 1220 South St. Francis Dr.             |                 |  |   | FEE 🛛                |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                     |                 |  | 6. State Oil & Gas Lease                |                      |
| 1220 S St. Francis Dr., Santa Fe, NM<br>87505   |  |                 |  | LG-100                                  |                      |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                 |  | 7. Lease Name or Unit A                 | greement Name        |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |  |                 |  | 7. Education of Office                  | Si comont i tamo     |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |                 |  | Boyd BN Dee                             | p Com                |
| PROPOSALS.)   |  |                 |  | 8. Well Number                          |                      |
| 1. Type of Well: Oil Well   | Gas Well Othe                          | _               | _  | 5                                       |                      |
| 2. Name of Operator   |  | SEP 19          | <del>7 2000  </del>                              | 9. OGRID Number                         |                      |
| Yates Petroleum Corporat  | ion                                    | AAD AI          |  | 025575                                  |                      |
| 3. Address of Operator  |  | UUU-A           | RTESIA   | 10. Pool name or Wildca                 | t                    |
| 105 S. 4 <sup>th</sup> Street, Artesia, NM 88210  |  |                 |  | DAGGER DRAW UPPER PENN                  |                      |
| 4. Well Location  |  |                 |  |   |                      |
| Unit Letter L :   | 1980 feet from the                     | South           | line and 6                                       | 60 feet from the                        | West line            |
| Section 14  |  | S Range         | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> | NMPM Eddy (                             | County               |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |                 |  |   |                      |
| 3,440 GR  |  |                 |  |   |                      |
| Pit or Below-grade Tank Application   |  |                 |  |   | 1                    |
| Pit type Depth to Groundwate  | er Distance from neare                 | est fresh water | well Dista                                       | nce from nearest surface wate           | r                    |
| Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material   |  |                 |  |   |                      |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |                 |  |   |                      |
|   |  |                 |  |   |                      |
| <b>,</b>  |  |                 |  | EQUENT REPORT                           |                      |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR   |  |                 |  | <del></del>                             | ING CASING 🔲         |
| TEMPORARILY ABANDON   |  |                 | OMMENCE DRIL                                     | _                                       | ND ABANDON 🗌         |
| PULL OR ALTER CASING  | MULTIPLE COMPL                         | □   CA          | ASING/CEMENT                                     | JOB 📙                                   |                      |
| OTHER:  |  |                 | THER: EXTENT                                     | TA STATUS                               | $\boxtimes$          |
|   | eleted operations (Clearly)            |                 |  |   |                      |
| 13. 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.  |  |                 |  |   |                      |
| of recompletion.  |  |                 |  |   |                      |
|   |  |                 |  |   |                      |
|   |  |                 |  |   |                      |
| Yates Petroleum Corporation respec  | tfully requests approval to            | extend the T.   | A status on this w                               | vell. We are currently rigg             | ged up and           |
| recompleting the Warren ANW Fed   |  |                 |  |   |                      |
| had recent success in this area and would like to include the Boyd BN Deep Com #5 as a potential candidate for recompleting to this same  |  |                 |  |   |                      |
| SA, Yeso zones. FINAL EXTENSION   |  |                 |  |   |                      |
| Well must be returned to beneficial   |  |                 |  |   |                      |
| use or a P/A plan must be submitted   |  |                 |  |   |                      |
|   |  | ŀ               | by3- 26  | 2-04                                    |                      |
| I hereby certify that the information   | above is true and complete             |                 |  |   | it any pit or below- |
| grade tank has been/will be constructed or  |  |                 |  |   | approved plan .      |
| 0   | 1 Q " "                                | ,               | -  | , , , , , , , , , , , , , , , , , , ,   |                      |
| SIGNATURE SUSAN Y   | nopen T                                | ITLE Regu       | ulatory Complian                                 | ce Tech DATE Se                         | ptember 17, 2008     |
| Type or print name Susan S. I   | Lopez E-mail ad                        | dress: su       | sanl@ypcnm.con                                   | Telephone No.                           | 575-748-1471         |
| /   | /                                      |                 |  | 2 2 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P |                      |
| For State Use Only  | m Ann                                  |                 | Gerry Guye                                       |   | CED 1 0 2002         |
| APPROVED BY:  | T                                      | ITLE            | Compliance Of                                    | ficerDATE                               | SEP 1 9 2008         |
| Conditions of Approval (if any):  |  |                 |  |   |                      |
| ' <b>/</b>  |  |                 |  |   |                      |
| •   |  |                 |  |   |                      |