

Submit 3 Copies to Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-30636

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

V-4100

7. Lease Name or Unit Agreement Name:

Jacque AQJ State

8. Well No.

2

9. Pool name or Wildcat

West Lost Tank

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 ☒ Gas Well ☐ Other

RECEIVED

2. Name of Operator

MAR - 2 2004

Yates Petroleum Corporation

OCD-ARTESIA

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location

Unit Letter: L : 1650' feet from the South line and 330' feet from the West line
Section 34 Township 21S Range 31E NMPM County Eddy

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3462' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 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 recompletion.

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to April 2, 2005.
Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Debbie L. Caffall TITLE Regulatory Technician/Land Department DATE 03/02/04

Type or print name Debbie L. Caffall/debbiec@ypcnm.com Telephone No. (505) 748-1471

(This space for State use) Time del MAR 03 2004

APPROVED BY Time del TITLE SUPERVISOR, DISTRICT II DATE

Conditions of approval, if any: Last Extension