

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

OIL CONSERVATION DIVISION

2040 South Pacheco St.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-005-63367

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

VO-5650

7. Lease Name or Unit Agreement Name:

Hook "AWX" State

8. Well No.

2

9. Pool name or Wildcat

Wildcat Precambrian

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 ☒ Other

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location

Unit Letter: O : 990' feet from the South line and 1980 feet from the East line
Section 8 Township 10S Range 26E NMPM County Chaves

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

3807'

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: Extend APD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 March 31, 2003.

Thank you.

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

SIGNATURE Robert Asher TITLE Regulatory Technician DATE 02/26/02

Type or print name Robert Asher Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY Appr TITLE _____ DATE 2-26-02

Conditions of approval, if any: