

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Enr Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-63150

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Jamie Com.

8. Well No. 2

9. Pool name or Wildcat
Pecos Slope Abo

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3699'

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

2. Name of Operator
YATES PETROLEUM CORPORATION

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location
Unit Letter I : 1980' Feet From The South Line and 330' Feet From The East Line
Section 33 Township 5S Range 25E NMPM Chaves County

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

NOTICE OF INTENTION TO:

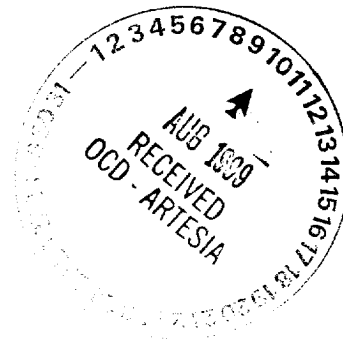
SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐
OTHER: EXTEND APD ☒ 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.

Yates Petroleum Corporation wishes to extend the captioned well's expiration date for one year to September 5, 2000.

Thank you.



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

SIGNATURE Cy Cowan TITLE Regulatory Technician DATE August 3, 1999

TYPE OR PRINT NAME Cy Cowan (505) 748-1471 TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. [Signature] TITLE District Supervisor DATE 8-11-99

CONDITIONS OF APPROVAL, IF ANY: