Submit 3 Copies to Appropriate District Office District I

State of New Mexico **Energy, Minerals and Natural Resources**

Form C-103 Revised March 25, 1999

1625 N. French Dr., Hobbs, NM 88240			WELL API N	O. ,		
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			30-005-6323% 4			
District III 2040 South Pacheco St.			5. Indicate Type of Lease			
1000 Rio Brazes Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE X FEE			
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
SUNDRY NOTICES AND REPORTS ON WELLS			LG-2462			
(DO NOT USE THIS FORM FOR PROPOSALS T	7. Lease Name or Unit Agreement Name:					
DIFFERENT RESERVOIR. USE "APPLICATIO						
PROPOSALS.)	TOTAL COUNTY	i) FOR Sech				
1. Type of Well:			Witz VN State			
Oil Well Gas Well X Other						
2. Name of Operator			8. Well No.			
Yates Petroleum Corporation			4			
3. Address of Operator			9. Pool name or Wildcat			
105 South Fourth Street, Artesia, New Mexico 88210			Wildcat Precambrian			
4. Well Location					-	
Unit Letter: F : 1980'	_ feet from the North	line and	1980'	feet from the_	West	line
Section 26	Township 9S Rai		NMPM	County (Chaves	
	10. Elevation (Show wh		RT, GR, etc.)			
	<u> </u>	3801' GR				_
11. Check Approp	priate Box to Indicate	Nature of Not	ice, Report, o	r Other Dat	a	
NOTICE OF INTENT	ION TO:	s	UBSEQUEN	IT REPORT	OF:	
			_			
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WORK		ALTE	RING CASING	
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG	PLUG AND	
			_		IDONMENT	ئــا
PULL OR ALTER CASING MULT	IPLE PLETION	CASING TEST A	AND			
Com	LETION	CEMENT SOB				
OTHER: Extend APD	X	OTHER:				
12. Describe proposed or completed opera	tions. (Clearly state all ne	rtinent details a	nd give nertinen	t dates includi	ng estimated d	loto
of starting any proposed work). SEI						
or recompletion.	z Kolle 1103. Por withinp	ie Completions:	Attach weilbor	e diagram of pi	roposea compi	letion
or recompletion.						
Yates Petroleum Corporation wishes to exter	nd the captioned well's APD	evniration date fo	or one (1) wear to	Echmony 11	2002	
Thank you.	ia die captionea wen 3711 D	expiration date to	one (1) year to	reducing 11,	2002.	
,						
-						
I hereby certify that the information above	e is true and complete to the	he best of my kno	wledge and hel	ief.		
1 00	*	·	J			
SIGNATURE MULINE Chavas	vua title	Regulatory T	echnician	DATE _	01/18/01	
Type or print name Darlene Chavarria	as.		T	elephone No.	(505) 748-14	471
(This space for State use)	174				115: 0 -	
APPROVED BY ORIGI	NAL SIGNED BY THE W	. Gum		DATE	JAN 3 0 2	

DISTRICT H SUPERVIOUR

Conditions of approval, if any: