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

PULL OR ALTER CASING

OTHER: Extend APD

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.		
30-005-63447		
5. Indicate Type of	Lease	
STATE $[\overline{\mathbf{X}}]$	FEE 🗌	
6. State Oil & Gas I	Lease No.	

2040 South Pacheco, Santa Fe, NM 87505	LG-2622					
SUNDRY NOTICES AND REPORTS ON WE	ELLS 7. Lease Name or Unit Agreement Name:					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM Q-E PROPOSALS.) 1. Type of Well:	DB FOR SUCH					
Oil Well Gas Well X Other	Harvest ABR State					
2. Name of Operator Yates Petroleum Corporation	8. Well No.					
3. Address of Operator	9. Pool name or Wildcat					
105 South Fourth Street, Artesia, New Mexico 88210	Pecos Slope; Abo					
4. Well Location Unit Letter: P : 660 feet from the South	tine and 660 feet from the East line					
Section 36 Township 9S R	ange 24E NMPM County Chaves					
10. Elevation (Show w	chether DF, RKB, RT, GR, etc.)					
	3547'					
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					

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.

X

CASING TEST AND CEMENT JOB

OTHER:

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to January 30, 2004. Thank you.

MULTIPLE

COMPLETION

I hereby certify that the information above	e is true and complete to t	he best of my knowledge and	d belief.	
SIGNATURE CONTRACTOR	TITLE	Regulatory Technician	DATE _	12/12/02
Type or print name Robert Asher			Telephone No.	(505) 748-1471
(This space for State week) APPROVED BY	DISTRICT H SUPERVI	TIM W. GUM IOR	DATE	SRN 15 200
Conditions of approval, if any:				7 (60)