Submit 3 Copies to Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 **Energy, Minerals and Natural Resources** District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-025-25169 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco St. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 **Santa Fe, NM 87505** District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 V-1611 7. Lease Name or Unit Agreement Name: 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: Southern Union ATO State Oil Well 📙 Gas Well Other 2. Name of Operator 8. Well No. Yates Petroleum Corporation 1 9. Pool name or Wildcat 3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210 Wildcat Mississippian 4. Well Location _:_2310 feet from the South line and 330 feet from the Unit Letter: f IEast line Section County Lea Township 11S Range 34E **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4210' 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** MULTIPLE **PULL OR ALTER CASING CASING TEST AND** COMPLETION **CEMENT JOB** OTHER: Extend APD X 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 July Thank you.

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

SIGNATURE

TITLE Regulatory Technician

DATE 06/04/03

Type or print name Robert Asher

Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY Law Wink

Conditions of approval, if any:

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DA