

Office

Energy, Minerals and Natural Resources

Revised March 25, 1999

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

OIL CONSERVATION DIVISION

1220 S. St Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-25-36137

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

V-2443

7. Lease Name or Unit Agreement Name:

Lotus ALT State

8. Well No.

6

9. Pool name or Wildcat

Livingston Ridge; Delaware, SE 39380

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: F : 1650 feet from the North line and 1650 feet from the West line
Section 32 Township 22S Range 32E NMPM County Lea

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

3536' GR

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

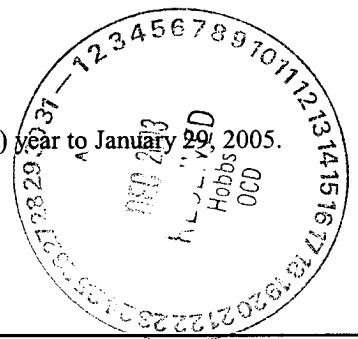
NOTICE OF INTENTION TO:

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 request that the expiration date for the ADP be extended for one (1) year to January 29, 2005.
Thank you.

Expires 01/29/05

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

SIGNATURE Debbie L. Caffall TITLE Regulatory Technician DATE 12/29/03Type or print name Debbie L. Caffall Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY Harry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
TITLE _____ DATE JAN 02 2004

Conditions of approval, if any: