Subnis 3 Copies To Appropriate District Office District I State of No Energy, Minerals an				Form C-103 Revised June 10, 2003 WELL API NO			
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-025-25686 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.				
87505			L-3021-				
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.)				7. Lease Name or Unit Agreement Name STATE 3 SWD 8. Well Number			
1. Type of Well: Oil Well Gas Well Other SWD				1			
2. Name of Operator Yates Petroleum Corporation				9. OGRID Number 025575			
3. Address of Operator 105 S. 4 th Street, Artesia, NM 88210				10. Pool name or Wildcat SWD MISSISSIPPIAN DEVONIAN			
4. Well Location							
Unit Letter G: 2310' feet from the NORTH line and 1980 feet from the EAST line							
Section 3	Township	9S Ra	nge <u>32E</u>	NMPML	EAC	County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING							
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND 🗌	ABANDONME	NI	
OTHER: RETURN WELL TO ACT		X	OTHER:		100 - 1		
13. 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 RESPECTFULLY REQUESTS PERMISSION TO EXTEND THE AUTHORITY FOR SALTOWATER DISPOSAL FOR THIS WELL AND RETURN IT TO AN ACTIVE SWD STATUS.							
I hereby certify that the information		te to the b	est of my knowledg	ge and belief.	Cet 81 T	19191	
SIGNATURE: Michelle	Taylot_T	TTLE: <u>Re</u>	egulatory Complian	ce Mgr	DATE: 2-23-0	<u>4</u>	
Type or print name. Michelle Taylo	170.6 (449) 1 (270.6).	E mail a	Adreses	Tolonhono	No. 505.749 141	arum (***).	
Type or print name Michelle Taylo (This space for State use) APPPROVED BY Conditions of approval, if any:	W. Wind	E-mail a	C FIELD REPRESE	Telephone			
Med to re-apply w/Will fores in Easter Fil. Will @ approval SWD 556 under medland operating. Modegooral since Feb. 1999. Med to selnew remit.							
Mo disposal &	ence Feb. 1	999.	Mud to	Anew per	mit.		