## Submit 3 Copies to Appropriate District

State of New Mexico

Form C-103

District I	Energy, Minerals and	d Natur	al Resources			evised March 25	5, 1999
1625 N. French Dr., Hobbs, NM 88240	<del></del>			WELL API N	0.		
<u>District II</u> 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			30-25-36222			
District III	1220 S. St Francis Dr.			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE FEE X			
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Pe, P	, 101 675	03	6. State Oil &	c Gas Lease No.		
SUNDRY NOTICE	S AND REPORTS O	N WEI	LLS	7. Lease Nam	e or Unit Agree	ment Name:	
(DO NOT USE THIS FORM FOR PROPO		*			,		
DIFFERENT RESERVOIR. USE "APPL	ICATION FOR PERMIT" (FO	ORM C-10	I) FOR SUCH				
PROPOSALS.)							
1. Type of Well:				Lyles AZX Com.			
Oil Well Gas Well x	d Other						
2. Name of Operator				8. Well No.			
Yates Petroleum Corporation				1			
3. Address of Operator				9. Pool name or Wildcat			
105 South Fourth Street, Artesia, New Mexico 88210				Wildcat Mississippian			
4. Well Location							
Unit Letter: H : 150	0 feet from the 1	North	line and	660	feet from the	East	line
Section 33	Township 15S			NMPM	County L	ea	
	10. Elevation (S	Show wh	ether DF, RKB, I	RT, GR, etc.)			
			4077 GR				
11. Check A	ppropriate Box to Inc	dicate l	Nature of Not	ice, Report, o	or Other Data	]	
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	RK [	ALTER	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS	PLUG ABANI	AND DONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	AND [		e de la companya de l	
OTHER:			OTHER: Extend	d APD	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
12. Describe proposed or complete of starting any proposed work	- ` .		ertinent details, a le Completions:			-	
or recompletion.							
					/6	161718193	
Yates Petroleum Corporation wishes	to request that the expiration	on date f	or the ADP be ex	tended for one (	1) year to Maroll	13, 2005.	3
Thank you.					15	020	25/
					12/2	072 5990H	<i>is</i> 1

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLERegulatory Technician/Land Department DATE Type or print name Debbie L. Caffall/debbiec@ypcnm.com Telephone No. (505) 748-4364

(This space for State use)

MAR 0 8 2004

OC FIELD REPRESENTATIVE II/STAFF MANAGER Conditions of approval, if any