Form C-103 State of New Mexico **Submit 3 Copies to Appropriate District** Revised March 25, 1999 Office **Energy, Minerals and Natural Resources** District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-34900 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease 2040 South Pacheco St. District III STATE X FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 VO-5609 7. Lease Name or Unit Agreement Name: SUNDRY NOTICES AND REPORTS ON WELLS ODO 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.) Eclipse "AUN" State 1. Type of Well: \mathbf{x} Oil Well Gas Well Other 8. Well No. 2. Name of Operator Yates Petroleum Corporation 9. Pool name or Wildcat 3. Address of Operator Wildcat Denonian 105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location 1980' West line : 1900' feet from the South line and feet from the Unit Letter: K County Lea Section Township 11S Range 34E **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4185' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS **PLUG AND CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT CASING TEST AND PULL OR ALTER CASING MULTIPLE** COMPLETION **CEMENT JOB** X OTHER: OTHER: Extend APD 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 January 26,22023. Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 12/05/01 Regulatory Agent DATE **SIGNATURE** TITLE Telephone No. (505) 748-4347 Type or print name Clifton R. May (This space for State use)

TITLE

APPROVED BY

Conditions of approval, if any:

DATE