

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL 30-015-21121 30-015-21121
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-2464
7. Lease Name or Unit Agreement Name Loveless LG State
8. Well No. #9
9. Pool name or Wildcat Tomahawk-San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4300' VD, 6210' MD

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 <u>N</u> : <u>990'</u> Feet From The <u>South</u> Line and <u>2310'</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>7 South</u> Range <u>31 East</u> NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4300' VD, 6210' MD

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 ☐
OTHER: Extnd 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.

Yates Petroleum Corporation wishes to extend the above captioned wells expiration date
for six (6) months.

Thank you.

Expires June 17, 1996

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

SIGNATURE Clifton R. May TITLE Regulatory Agent DATE 11-16-1995

TYPE OR PRINT NAME Clifton R. May

TELEPHONE NO 505-748-1471

(This space for State Use) ORIGINAL SIGNED BY USER