Form C-103 State of New Mexico **Submit 3 Copies to Appropriate District** Revised March 25, 1999 **Energy. Minerals and Natural Resources** District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-27224 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 VA-1439 7. Lease Name or Unit Agreement Name: 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.) Dome Nonombre "AWZ" State 1. Type of Well: Gas Well Other Oil Well 8. Well No. 2. Name of Operator 1 Yates Petroleum Corporation 9. Pool name or Wildcat 3. Address of Operator Wildcat Morrow 105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location feet from the feet from the North 660' East line line and \_\_ : 1980' Unit Letter: H County Lea 34E Township 13S Range **NMPM** Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4164.8' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON** PERFORM REMEDIAL WORK **COMMENCE DRILLING OPNS** PLUG AND **CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT CASING TEST AND** MULTIPLE **PULL OR ALTER CASING** 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 November 21, 2002. Thank you.

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

SIGNATURE Chavarra TITLE Regulatory Technician DATE 02/09/01

Type or print name Darlene Chavarria Calculation Telephone No. (505) 748-1471

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APPROVED BY TITLE TITLE DATE DATE 07 2.2 2008

Conditions of approval, if any: