Form C-103 State of New Mexico Submit 3 Copies to Appropriate District Revised March 25, 1999 Office Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-35580 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 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 V-5930 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.) Kookaburra "AZB" State 1. Type of Well: Oil Well 📙 Gas Well Other 8. Well No. 2. Name of Operator Yates Petroleum Corporation 9. Pool name or Wildcat 3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210 Wildcat Mississippian 4. Well Location _ :_1980' 1980' East feet from the North line and feet from the line Unit Letter: G County Lea Township 12S 34E **NMPM** Section Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO: ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK **PLUG AND ABANDON COMMENCE DRILLING OPNS PLUG AND TEMPORARILY ABANDON CHANGE PLANS ABANDONMENT CASING TEST AND** MULTIPLE **PULL OR ALTER CASING** COMPLETION **CEMENT JOB** Х 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 Thank you.

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

SIGNATURE

TITLE Regulatory Technician

DATE 05/06/02

Type or print name Robert Asher

Telephone No. (505) 748-4364

(This space for State use)

APPROVED BY

TITLE

TITLE

PAUL F. KALLER

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Conditions of approval, if any: