State of New Mexico Submit 3 Copies to Appropriate District Revised March 25, 1999 Energy, Minerals and Natural Resources Office WELL API NO. District I 1625 N. French Dr., Hobbs, NM 88240 30-025-29032 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 88210 2040 South Pacheco St. FEE X STATE District III 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 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.) Cambridge ASC 1. Type of Well: Other Oil Well X Gas Well 8. Well No. 2. Name of Operator Yates Petroleum Corporation 9. Pool name or Wildcat 3. Address of Operator Townsend Morrow 105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location West feet from the 1980 feet from the South line and__ Unit Letter: County Lea Township 16S Range **NMPM** Section 12 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 PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND MULTIPLE **PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: Χ 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 March 10, 2002. Thank you. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 01/31/01 SIGNATURE Daylene Chararria TITLE Regulatory Technician (505) 748-1471 Telephone No. Type or print name Darlene Chavarria (This space for State use) FEB 0 6 2001 DATE TITLE

Form C-103

APPROVED BY

Conditions of approval, if any:

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