

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 API NO. 30-025-31667
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-3273
7. Lease Name or Unit Agreement Name Edison Ranch Unit
8. Well No. 3
9. Pool name or Wildcat Wildcat San Andres

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator YATES PETROLEUM CORPORATION	
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210	
4. Well Location Unit Letter W : 660 Feet From The South Line and 1650 Feet From The East Line Section 5 Township 16 South Range 33 East NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4235' GR	

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: EXTEND 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 THIS APPLICATION TO DRILL FOR ANOTHER SIX MONTHS.

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

SIGNATURE Clifton R. May TITLE Permit Agent DATE 2/2/93
TYPE OR PRINT NAME: CLIFTON R. MAY TELEPHONE NO. 748-1471

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE OF LARRY SEXTON
DISTRICT SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE FEB 04 1993

Supp. - 8-4-93