

Office
District I
1625 N. French Dr., Hobbs, NM 88240

District II
811 South First, Artesia, NM 88210

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

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco St.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-35202
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. V-5599
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210		7. Lease Name or Unit Agreement Name: Pawn "AWP" State
4. Well Location Unit Letter: <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>30</u> Township <u>15S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4031'		9. Pool name or Wildcat Wildcat Mississippian

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 ☐ MULTIPLE COMPLETION ☐
 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. 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 October 23, 2002.
 Thank you.

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

SIGNATURE Darlene Chavarria TITLE Regulatory Technician DATE 08/29/01

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

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 9-1-2004

Conditions of approval, if any:

Orig. Signed by
Paul Kautz
Geologist

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