State of New Mexico Form C-103 **Submit 3 Copies to Appropriate District** Office Revised March 25, 1999 **Energy, Minerals and Natural Resources** District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-025-35744 **OIL CONSERVATION DIVISION** 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco St. STATE [FEE X 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.) 1. Type of Well: Big Bear "ATN" Oil Well X Gas Well 🗀 Other 8. Well No. 2. Name of Operator Yates Petroleum Corporation 3. Address of Operator 9. Pool name or Wildcat 105 South Fourth Street, Artesia, New Mexico 88210 West Lovington Strawn 4. Well Location . 330' Unit-Letter: P : 330' feet from the South line and feet from the East line County Lea Section Township 15S Range 35E **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3997' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **COMMENCE DRILLING OPNS PLUG AND TEMPORARILY ABANDON CHANGE PLANS ABANDONMENT MULTIPLE CASING TEST AND 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 October 1902003. 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 09/16/02

Type or print name Robert Asher

Telephone No. (505) 748-4364

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APPROVED BY
Conditions of approval, if any: