State of New Mexi rals and Natural Resources Department

Form C 103 Revised 1-1-89

JUL 2 4 2002

Energy, N District Office OIL CONSERVATION DIVISION WELL API NO. DISTRICT I P.O. Box 1980, Hobbs, NM S8240 P.O. Box 2088 30-025-10724 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE STATE X DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE •APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well State 'A' A/C 1 Well X 8. Well No. 2. Name of Operator 80 9. Pool name or Wildcat 3. Address of Operator Jalmat Tansill Yates 7 Rvrs (Pro Gas) 4. Well Location 1980 1980 North Unit Letter G Line Feet From The Feet From The Lea 15 Township **23S** Range NMPM County Section 10. Elevauon (Show whether DF, RKB. RT, GR, ctc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Extent Approval OTHER 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. Raptor Resources Inc. requests a 1 year extension of the approved permit to add perfs and refrac the above listed well. Perfs to be added are as follows: Yates/7 Rvrs from 3014 to 3585 This work will be done druing the Fourth quarter of 2002 or the first part of 2003 The initial approval to do this work was approved Sept 25, 2001 12. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Agent For Raptor Resources 7-15-02 DATE -TELEPHONE NO. 915-697-1609 TYPE OR PRINT NAME Bill R. Keathly (this space for State Use)

CALLEFED REPRESENTATIVE PUBLICLE MANIFORM

APPROVED BY_

ONITIONS OF APPROVAL, IF ANY: