State of New Mexico Enc. 61, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 Copies to Appropriate District Office

DISTRICT

OIL CONSERVATION DIVISION

		_		
VELL API NO. 30-015-26	633			
5. Indicate Type of L	ease STATE	x ·	FEE [— 7
S. State Oil & Gas L				=

P.O. Box 1980, Hobbi, NM 88240	ON DIVISION WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 20 Santa Fe, New Mexico	00 015 06633
DISTRICT III	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-120
SUNDRY NOTICES AND REPORTS ON WE	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	RMIRECENTUS 7. Lease Name or Unit Agreement Name
1. Type of Well: Oil GAS WELL XX WELL OTHER	### Medano "VA" State
2. Name of Operator	O. C.). 8. Well No.
YATES PETROLEUM CORPORATION 3. Address of Operator	4
•	9. Pool name or Wildcat
105 South Fourth Street, Artesia, New Mexi 4 Well Location	co 88210 Wildcat Delaware
Uait Letter L: 1980 Feet From The South Section 16 Township 23 South Ra 10. Elevation (Show whether	Line and 660 Feet From The West Line nge 31 East NMPM Eddy County DF. RKB, RT. GR. etc.)
3348' GR	<i>\(\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate Box to Indicate 1	Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER: EXTEND APD XX	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an work) SEE RULE 1103.	d give pertinent dates, including estimated date of starting any recognition
YATES PETROLEUM CORPORATION WISHES TO EXTEN ANOTHER SIX MONTHS	D THIS APPLICATION TO DRILL FOR
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	A 10 10 10 10 10 10 10 10 10 10 10 10 10
	AT ROOM AND FOR <u>/80</u> DAYS TO USE AND SANDER 8/1/193
	8/11/93 1000 1000 1000 1000 1000 1000 1000 100

U. LTBU L'ENLLERG'UNCERWAY

I hereby certify that the inform	nation above is true and complete to the best of my knowled	tre and hali of	
SIGNATURE	ltm R. May	_ THIE Permit Agent	PATE
TYPE OR PREY I NAME	CLIFTON R. MAY		TELEPHIONE NO. 748-1471
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		
ATTROVED BY	SUPERVISOR, DISTRICT IF	- TILE	FEB 1 5 1993
CONDITIONS OF APPROVAL, II	ANY		