Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

ELL API NO.	30005-63149		
. Indicate Type	of Leise STATE X	FEE	
State Oil & G	25 Lease No.		

DISTRICT III	STATE X FEE
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No LG-2462
SUNDRY NOTICES AND REPORTS ON WELL'S (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.)	7. Lease Name or Unit Agreement Name
I. Type of Well: OL. WELL X OTHER	Conejo RH State
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 5
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210 4. Well Location	9. Pool name or Wildcut Pecos Slope Abo
Unit Letter F : 1500' Feet From The North Line and 231	LO' Feet From The West Line
Section 2 Township 7S Range 25E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3752'	NMPM Chaves County
Check Appropriate Box to Indicate Nature of Notice, I NOTICE OF INTENTION TO: SUI ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK EMPORABILY ABANDON CHANGE PLANS COMMENCE DRILLIN CULL OR ALTER CASING CASING TEST AND C	BSEQUENT REPORT OF: ALTERING CASING RG OPNS. PLUG AND ABANDONMENT
OTHER: EXTEND APD X OTHER:	EWENT JOR []
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl work) SEE RULE 1103. Yates Petroleum Corporation wishes to extend the captioned we one (1) year to September 5, 1999	
Thank you. APPROVAL VALID FOR PERMIT EXPIRES	-5-99 NIB

(5<u>0</u>5) <u>748-1471</u>



I bereby certify that the information shore is the and complete to the bert of any beautiful to	_
the same complete in the seat of my knowledge and belief.	
I hereby certify that the information above is the and complete to the best of my knowledge and belief.	

mmr Regulatory Technician

DATE August 4,

TYPE OR PRINT NAME (This space for State Use)

ATTROVED BY -

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

Cowan

8-5-98

TELEPHONE NO.