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	7

JUL 27 1994

	Form C-103 Revised 1-1-89		
LL API NO.	• •		

District Office						
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	WELL API NO.				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088  RICT II Santa Fe, New Mexico, 87504-2088			30-015-26836		
P.O. DISWEI DD, AIRESIA, NM 88210  DISTRICT III			5. Indicate Type of Lease  STATE X FEE			
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas E-7901	s Lease No.		
SUNDRY NOTI	CES AND REPORTS ON WE	LLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK, TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" RECEIVED (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name		
1. Type of Well: OL GAS 878	-	"" 28 'QA	D	IA TOU Chata		
WELL WELL 2. Name of Operator	OTHER	JUL 28.'94	8. Well No.	AJP'' State		
YATES PETROLEUM CORPO	RATION	O. C. D.	<u> </u>			
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210			9. Pool name or Wildcat Wildcat Morrow			
4. Well Location						
Unit Letter C: 660	Feet From The	Line and	Feet From	West	Line	
Section 17	19 South	24 East	E IMPM	ddy		
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	WIF IVI	Count		
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	port, or Other	· Data	Ш	
NOTICE OF INT			EQUENT R	i i		
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 CEN			MENT JOB			
OTHER: EXTEND APD	x	OTHER:				
12. Describe Proposed or Completed Operat	ions (Clearly state all pertinent details, c	and give pertinent dates, includi	ing estimated date of	f starting any proposed		
work) SEE RULE 1103.		• •		, seeming any proposed		
YATES PETROLEUM CORPO	ORATION WISHES TO EXTEN	D THE EXPIRATION I	DATE ON THE	ABOVE		
CAPTIONED WELL.						
THANK YOU.			**			
TIERIC 100.						
		· · · · · · · · · · · · · · · · · · ·	O FOR .	180 DAYS		
	APINES 2 -	0-93				
		Office				
ı	$\cap$					
	N)					
I hereby certify that the information at one is true	and complete to the best of my knowledge an	d belief. Landman		7/27/94		
SIGNATURE	Y	me		DATE		
TYPE OR PRINT NAME Ken Bea	rdempH1			748-147 TELEPHONE NO.	<u> </u>	
(This space for State Use)						

SUPERVISOR, DISTRICT II

ATTROVED BY