Submit 3 Copies to Appropriate
Distinct 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

VI	LL API NO. 30-015-2877	4	•		
5.	Indicate Type of Le	STATE		FEE X	_
6.	State Oil & Gas Lea	ise No.			_

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SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO							
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Dease Name of Omt Agreement Name						
1. Type of Well: OIL GAS WELL XX WELL OTHER	Boyd BN Com.						
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No.						
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210	9. Pool name or Wildcat Dagger Draw Upper Penn North						
4. Well Location Unit Letter N: 1650' Feet From The North Line and 1	980' Feet From The East Line						
Section 15 Township 19S Range 25E	NMPM Eddy County						
10. Elevation (Show whether DF, RKB, RT, GR, etc.)							
11. Check Appropriate Box to Indicate Nature of Notice	, Report, or Other Data						
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING						
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT						
PULL OR ALTER CASING CASING TEST AND	CASING TEST AND CEMENT JOB						
OTHER: EXTEND APD EXX 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.							
Yates Petroleum Corporation wishes to extend the captioned well's expiration date for							
one (1) year to <u>July 16, 1999</u> .							

Thank you.

I hereby certify that the alformation though is true and complete to the best of my knowledge and belief.					
SIGNATURE CY COWM	mmr Regulatory Technician	DATE June 2, 1998			
TYPE OR PRINT NAME Cy Cowan	(505) 748-1471	TELEPHONE NO.			
(This space for State Use)					