Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
Revis	ed 1-1-89

DISTRIC			
P.O. Box	1980, Hobbs,	NM	88240

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION			WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 O. Drawer DD, Artesia, NM, 88210 Santa Fe, New Mexico 87504-2088			30-025-	32330	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE XX FEE			
1000 NO BIZZO NEL AMEC, NM 8/410				6. State Oil & C	Jas Lease No.	
SUNDRY NOT	CES AND REPORTS O	NI ME	II C	V-3813	777777777777777777777777777777777777	7777777.
SUNDRY NOTICES AND REPORTS ON WELLS (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: OIL X WELL X WELL OTHER			Clover AOC State			
2. Name of Operator YATES PETROLEUM CORPOR	ATION			8. Well No.		
3. Address of Operator 105 South Fourth Street			9. Pool name or Wildcat Wildcat Delaware			
4. Well Location Unit Letter A : 33	The North	1	Line and _ 330 '	Feet Fro	om The East	Line
Section 5	Township 24 South	R:	ange 33 East	nmpm Lea		County
	10. Elevation (Show 3667 ' Gr	whether	DF, RKB, RT, GR, etc.)			
11. Check	Appropriate Box to Ind	icate l	Nature of Notice, Re	port, or Othe	er Data	
			SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT []
PULL OR ALTER CASING			CASING TEST AND CEI	MENT JOB	·	
OTHER:		X	OTHER: EXTEND APD X			
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent d	letails, ai	nd give pertinent dates, includ	ing estimated date	of starting any proposed	
Yates Petroleum Corpora	ation would like to	exte	end the above cap	tioned well	for one year	
Thank you.						

	Expires 12/	7/04
I hereby cerufy that the information above is true and complete to the best of my knowledge	and belief.	17.00
SIGNATURE LISTER R. Y ay	mue Regulatory Agent	DATE5-30 - 96
TYPEORPRINT NAME Clifton R. May		TELEPHONE NO. 505-748-147
(This space for State Use) ORIGINAL COOK,		JUN 11 1995

DISTRICT IS A.