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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
30-005-63151

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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
Spool SU Com.

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 7

2. Name of Operator
YATES PETROLEUM CORPORATION

9. Pool name or Wildcat
Pecos Slope Abo

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88210

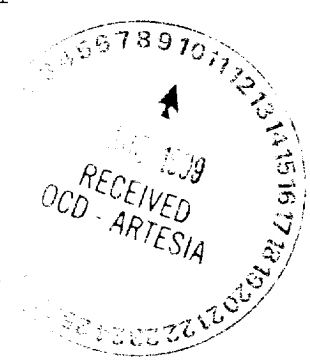
4. Well Location
Unit Letter G : 1980' Feet From The North Line and 2180' Feet From The East Line
Section 14 Township 7S Range 25E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3722'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>EXTEND APD</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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 year to September 5, 2000.



Last Extension

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Cy Cowan TITLE Regulatory Technician DATE August 3, 1999
TYPE OR PRINT NAME Cy Cowan (505) 748-1471 TELEPHONE NO.

(This space for State Use)
APPROVED BY Jim W. Gwyn TITLE District Supervisor DATE 8-11-99

CONDITIONS OF APPROVAL, IF ANY: