Submit 3 Copies to Appropriate District Office

State of New Mexico En y, Minerals and Natural Resources Department

Form C-103	(
Revised 1-1-8	9

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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-015-26464

DISTRICT II	Santa Fe, New Mexi	CO RESOURCE	30-015-20454
P.O. Drawer DD, Artesia, NM 88210	Dutter I C, 14CW MICKI	•	5. Indicate Type of Lease
DISTRICT III		AUG 2 7 1991	STATE FEE KX
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SLINDRY NOTICES	AND DEPORTS ON W	O. C. D.	
(DO NOT USE THIS FORM FOR PROPOS	AND REPORTS ON V ALS TO DRILL OR TO DEFE	PEN OR PILIC BACK TO A	
DIFFERENT RESERVOIR	USE "APPLICATION FOR	PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-101) I	FOR SUCH PROPOSALS.)		
OIL GAS WELL X WELL	OTHER		Foster "AN"
2. Name of Operator			8. Well No.
Yates Petroleum Corporat	ion 🗸		2.
3. Address of Operator			9. Pool name or Wildcat
105 South Fourth Street			N. Dagger Draw Upper Penn
4. Well Location B 1980	East	660	NL.
Unit Letter : F	eet From The	Line and 660	Feet From The North Line
Section 1	Cownship 20 South	Range 24 East	NMPM Eddy County
	10. Elevation (Show whet 3592 G	her DF, RKB, RT, GR, etc.)	
	///		
11. Check Appr	opriate Box to Indica	te Nature of Notice, Re	eport, or Other Data
			SEQUENT REPORT OF:
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 CE	MENT JOB
OTHER: Extend APD	<u>X</u>	OTHER:	
12. Describe Proposed or Completed Operations (C	Clearly state all pertinent details	, and give pertinent dates, include	tine estimated date of starting any manual
work) SEE RULE 1103.	•		with the control of senting any proposes
Value Datus I am Cambridge	an wishos to set	and the Analicatio	on for Dormit to Daill
Yates Petroleum Corporati		end the Application	on for Permit to Drill
for another 120 days to 2	40-34.		
		•	

APPROVAL VALID FOR 180 DAYS PERMIT EXPIDES 2/28/12 UNLESS DRILLING UNDERWAY

I hereby certify that the information	n above is true and complete to the best of my know	vledge and belief.		
SIGNATURE Ken	Beardemph1			DATE 8-26-91 TELEPHONE NO.
(This space for State Use) APPROVED BY	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT	TITLE	* *	AUG 2 7 1991