

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

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

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87501-2088

APR 26 1993

WELL API NO. 30-015-26976
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Binger "AKU"
8. Well No. 1
9. Pool name or Wildcat N. Dagger Draw Upper Penn.
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3553'

SUNDRY NOTICES AND REPORTS ON WEEKS  
(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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210
4. Well Location Unit Letter B : 660' Feet From The North Line and 1980' Feet From The East Line Section 29 Township 19 South Range 25 East NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3553'

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Extend APD <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input 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 EXPIRATION DATE FOR THE CAPTIONED WELL FOR ANOTHER SIX MONTHS.

180 DAYS  
10/26/93

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken Beardemphl TITLE Regulatory Supervisor DATE 4/20/93  
TYPE OR PRINT NAME: Ken Beardemphl TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE APR 26 1993

CONDITIONS OF APPROVAL, IF ANY: