

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 87504-2088

WELL API NO. 30-015-27758

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Mobile AOB

8. Well No. 2

9. Pool name or Wildcat  
Dagger Draw Upper Penn North

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3581'

**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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
YATES PETROLEUM CORPORATION

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

4. Well Location  
Unit Letter H : 1980' Feet From The North Line and 660' Feet From The East Line  
Section 1 Township 20S Range 24E NMPM Eddy County

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: EXTEND APD <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 May 15, 2000.

Thank you.

RECEIVED  
OCD - ARTESIA  
JUL 7 1999

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

SIGNATURE Cy Cowan TITLE Regulatory Technician DATE July 7, 1999

TYPE OR PRINT NAME Cy Cowan (505) 748-1471 TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Brown TITLE District Supervisor DATE 7-12-99

CONDITIONS OF APPROVAL, IF ANY: