			-	0151	
Submit 3 Copies to Appropriate	State of New Me Energy, Minerals and Natural R	exico	- 13 14 15 16	Form C-103	+
District Office		/40 ====	1000	Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	N DIVISION	WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 201 Santa Fe, New Mexico	87504-2088 OCD - A	S. Indicate Type	30-015-28371 of Lesse	_
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		. /500 00 00 00 00 00 00 00 00 00 00 00 00	1 1 7	STATE X . FEE	
SUNDRY NOTI	CES AND DEPORTS ON WEL		VIIIIIII	.E <b>-</b> 10167	
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 Boyd X State		
I. Type of Well:  OL. CAS WELL XX WELL	OTHER				
2. Name of Operator YATES PETROLEUM CORPOR			8. Well No.	7	-
3. Address of Operator			9. Pool name or	<u> </u>	
4. Well Location	t, Artesia, New Mexico 8	8210	Dagger Dra	w Upper Penn North	
Unit Letter P: 660	Feet From The South	Line and660	Feet Fro	m The East Li	ne
Section 29	Township 19S Ra	nge 25E	NMPM	Eddy	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	4442	County	$\overline{Z}$
11. Check	Appropriate Box to Indicate I		port or Othe		
NOTICE OF INT	ENTION TO:			REPORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMENT	
ULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
THER: EXTEND APD	x	OTHER:		[	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, an	l d give pertinent dates, includ	ing estimated date	of starting any proposed	_
Yates Petroleum Corpora	tion wishes to extend the	he captioned well	l's expirat:	ion date for	
one (1) year to	*	<del>-</del> .	<u>.</u>		
	<b>.</b>	<b>4</b>			
Thank you.					
-					
- A					_
I hereby certify that the followsation above is true	and complete to the best of my knowledge and I	-			
SIONATURE	m	Regulatory Tec	hnician	DATE 2/9/99	-
TYPE OR PRINT NAME Cy Cowan		(505) 748-1471		TELEPHONE NO.	_
(This space for State Use)	W. Sum Bin	Westrict S	pewisor	5-15-33	<u>-</u>