<u>!_</u> .	. 20	1891	1112732	C158
Submit 3 Copies to Appropriate	State of New Mo Energy, Minerals and Natural R	exico	11127378 B	Form C-103
District Office  DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO	1 <b>-</b> Dc.	FIVED	Revised 1-1-89
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 200 Santa Fe, New Mexico	00 \5 4	AVELL API NO	30-015-28410
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	,	5,50° 2006 65/29;	5. Indicate Type of	STATE FEE X
			6. State Oil & Ga	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.)				Unit Agreement Name
1. Type of Well:	-101) FOR SUCH PROPOSALS.)		Patr	iot AIZ
WELL X WELL 2. Name of Operator	OTHER		•	
YATES PETROLEUM CORPOR	ATION		8. Well No.	11
3. Address of Operator 105 South Fourth Stree	t, Artesia, New Mexico 8	9210	9. Pool name or W	/ildcat
4. Well Location	- HICESIA, NEW MEXICO 8	8210	Dagger Dr	aw Upper Penn North
Unit Letter C : 660	Feet From The North	Line and 1980'	Feet From	The West Line
Section 21	Township 19S Ra	nge 25E	IMPM	Eddy <b>County</b>
	10. Elevation (Show whether is	DF, RKB, RT, GR, etc.)		
11. Check A	Appropriate Box to Indicate N		port, or Other	<u> </u>
NOTICE OF INT	ENTION TO:		SEQUENT R	
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 CEA		
OTHER: EXTEND APD	x	OTHER:		
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 Corpora	ation wishes to extend the	ne captioned well	's expiration	on date for
	ch 12, 2000	_	1 2 2 2 2 2	
	<b>3</b>	* 7		
Thank way				
Thank you.				
_				
1				
/ W/ As	and complete to the best of my knowledge and b	*		
SIGNATURE	7 <b>/ / /</b> mil	E Regulatory Tech	nnician	DATE
TYPE OR PRINT NAME by Cowan		(505) 748-1471		TELEPHONE NO.
(This space for State Use)	Jim W. Gum	Dieta	it Suleno	ison 2-15-59