Submit 3 Copies to Appropriate District Office

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4,0	Form C-103
<i>,</i> //,	Revised 1-1-5
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Distinct Office			νM
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-29392
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lesse STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WE	LLS	
(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 Barbara 17 SE Com.
1. Type of Well: OR. GAS WELL X WELL	OTHER		
2. Name of Operator YATES PETROLEUM CO:	PDORATION		8. Well No. 20
3. Address of Operator	treet, Artesia, New	Mexico 88210	9. Pool name or Wildcat Dagger Draw Upper Penn No
Well Location Unit Letter	O' Feet From The South	Line and 198	O' Feet From The East Li:
Section 17			NMPM Eddy County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check NOTICE OF IN	Appropriate Box to Indicate TENTION TO:	Nature of Notice, R	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	EMENT JOB
OTHER: EXTEND APD	<u> </u>	OTHER:	
12 Describe Proposed or Completed Opera	tions (Clearly state all pertinent details.	and give pertinent dates, inclu	ding estimated date of starting any proposed

 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 capationed wells APD expiratio date for one (1) year to February 19, 1999.

Thank you.

APPROVAL VALID FOR PAYS
PERMIT EXPIRES 2/19 948
UNLESS DRILLING UNDERWAY

JAN 1998
RECEIVED
OCD - ARTESIA
OCD - ARTESIA

	VI 91 SIV	1812111
I hereby certify that the information above is true and complete to the best of my knowledge and	Landman	
TYPE OR PRINT NAME Ken Beardemphil	(505) 748-1471	TELEPHONE NO.
(This space for State Use)		21695
Discourse as Assessed	πε	DATE