## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



Form C-103 Revised 1-1-89

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

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe. New Mexico 87504-20881

WELL API NO.		_				
	30-015-29392	•				
5. Indicate Type of Lease						
<u> </u>	STATE		FEE	LX.		

P.O. Drawer DD, Artesia, NM	1 82210	c, new Mexico	017049600332			
DISTRICT III			60 A 1019	5. Indicate Type	of Lease	FEE X
1000 Rio Brazos Rd., Aztec, N	VM 87410		Committee of the second	State Oil & G	<del></del>	122 (42
L DO MOLOSE THIS FOR	DRY NOTICES AND REI M FOR PROPOSALS TO DRI ENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH	LL OR TO DEEPER	OR PHIG PACK TO A	7. Lease Name of	w Unit Agreement Name	
1. Type of Well: OLL XX	GAS WELL	OTHER		Barbara	17 SE Com.	
2. Name of Operator YATES PETROLEUM	CORPORATION			8. Well No.	20	
Address of Operator     105 South Fourt      Well Location	h Street, Artesia,	New Mexico 8	38210	9. Pool name or Dagger D Penn Nor	Wildcat raw Upper, th	
	_: 660   Feet From The	South	Line and 1980			Lin
Section 17	Township		ange 25E	NMPM E	ddy	County
	//////////////////////////////////////	vation (Show whether 3519	DF, RKB, RT, GR, etc.)			
11.	Check Appropriate B	ox to Indicate	Nature of Notice, Re	POT OF Othe		
Check Appropriate Box to Indicate Nature of Notice, ReNOTICE OF INTENTION TO:				REPORT OF:		
PERFORM REMEDIAL WOR	K PLUG AND	ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PI	ANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT [
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB		_
OTHER: EXTEND API	)	X	OTHER:			
12. Describe Proposed or Comp work) SEE RULE 1103.	pleted Operations (Clearly state a	Il pertinent details, a	nd give pertinent dates, includ	ing estimated date of	of starting any proposed	
Yates Petroleum	Corporation wishes	to extend t	he captioned well	l's expirati	ion date for	
	February 19, 20			_		
	÷	ain	* 1			
Thank you. La	LOT Extens	BW				

I hereby ceruly that the information above in true and complete to the best of my knowledge at	ad belief.	<del></del>
I hereby certify that the information above in true and complete to the best of my knowledge at SIGNATURE	mr Requlatory Technician	_ <sub>DATE</sub> <u>January</u> 8, 1999
TYPE OR PRINT NAME Cy Cowan	(505) 748-1471	TELEPHONE NO.

(Trus space for State Use)

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