

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.	30-015-30230
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas 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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Parish IV Com
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 6
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210	9. Pool name or Wildcat Morrow

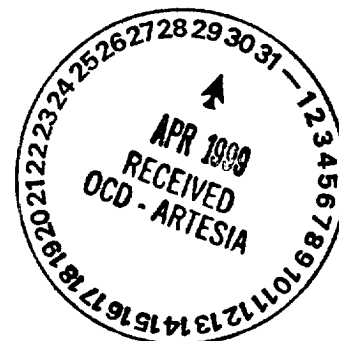
4. Well Location Unit Letter <u>H</u> : <u>1880'</u> Feet From The <u>North</u> Line and <u>800'</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>19S</u> Range <u>24E</u> NMPM <u>Eddy</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3624'
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11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>EXTEND APD</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input 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 April 30, 2000.

Thank you.



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

SIGNATURE <u>[Signature]</u>	TITLE <u>Regulatory Technician</u>	DATE <u>April 29, 1999</u>
TYPE OR PRINT NAME <u>C. Cowan</u>	(505) 748-1471	TELEPHONE NO.

(This space for State Use)

APPROVED BY <u>[Signature]</u>	TITLE <u>District Supervisor</u>	DATE <u>5-14-99</u>
CONDITIONS OF APPROVAL, IF ANY:		