Submit 3 Copies to Appropriate District Office

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

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Form C-103	
Revised 1-1-89	V)

DISTRICTI

Form C-105
Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 OLL CONSERVATION DI	VISION WELL AND A STATE OF THE
DISTRICT II P.O. Box 2088	WELL API NO. 30-015-22212
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE FEE XX
5,410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	G BACK TO A  7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	- se
OL QUE	
2. Name of Operator	Anadarko Pardue Farms ANQ Com.
YATES PETROLEUM CORPORATION	8. Weil No.
3. Address of Operator	#1  9. Pool name or Wildcat
105 South Fourth Street, Artesia, New Mexico 8	Indian Basin Upper Penn Pool
_ 2130	
Li	ne and 1980 Feet From The West Line
Section 27 Township 21 South Range 24	East NMPM Eddy
10. Elevation (Show whether DF, RKB, F 3680 GR	RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature of NOTICE OF INTENTION TO	f Notice Parent Oil
NOTICE OF INTENTION TO:	SUBSEQUENT PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T
	SUBSEQUENT REPORT OF:
TELIDORA PILA CALLA TELIDORA DA REMEDI	AL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMME	NCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING	TEST AND CEMENT JOB
OTHER: Exterio APD	<del></del>
U OTILA.	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent) SEE RULE 1103.	nent dates, including estimated date of starting any proposed
Yates Petroleum Corporation would like to exten	nd the above captioned woll for
six (6) months.	and above superoned werr roy
Thank you.	
	Fin Film of an of -
(100/96	RECEIVED
6/2017	C hard of
6/28/96 LAST	EXT. DEC 0 3 1995
	011 (300)
	OIL CON. DIV.
	DIST. 2
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
FIGURE THE TOTAL OF THE STATE O	dman 12 <b>-</b> 05-05
Y	DATE 12-05-95
TYPE OR PRINT NAME Ken Beardemph1	TELEPHONE NO 505-748-147