Submit 3 Copies to Appropriate District Office

DISTRICT II

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

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State of New Mexico Minerals and Natural Resources Department CIST

WELL API NO.

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

30-015-30444	
i. Indicate Type of Lease STATE	FEE

DATE 7-11-99

P.O. Drawer DD, Ariesia, NM 88210		5. Indicate Type of Lease
DISTRICT III		STATE TEE
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
		VA-636
SUNDRY NOTICES AND REPORTS ON W	ELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR, USE *APPLICATION FOR I (FORM C-101) FOR SUCH PROPOSALS.)	PERMIT	
1. Type of Well:		Archimedes ARE State Com.
OIL GAS WELL XX OTHER		
2. Name of Operator V		
YATES PETROLEUM CORPORATION		8. Well No.
3. Address of Operator		2
•		9. Pool name or Wildcat
105 South Fourth Street, Artesia, New Mexico 4. Well Location	88210	Cemetary Morrow
Unit Letter E: 1980' Feet From The North	Line and990	Feet From The West Line
		Line
Section 18 Township 21S	Range 24E	NMPM Eddy County
10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.)	
	3818'	
11. Check Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
	300.	SEQUENT NEFORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	
ULL OR ALTER CASING		
	CASING TEST AND CE	MENT JOB L.
THER: EXTEND APD X	OTHER:	
10.0		
 Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103. 	and give pertinent dates, includ	ling estimated date of starting any proposed
Yates Petroleum Corporation wishes to extend	the captioned we	ll's expiration date for
one year to $0 \frac{15}{\text{etober } 15}$, 2000 $\mathcal{B}(\mathcal{S})$.		
one year to October 137 2000 VICY		
Thank you.		Control of the contro
and four		
		25 To 100
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I hereby certify that the imprimation prove if true and complete to the best of my knowledge a	nd hatief	
and complete to the best of my knowledge a	ଓ ପ୍ରଥୟ .	
SIONATURE 9	mre Regulatory Te	chnician DATE July 7, 1999
		PAIL -
TYPE OR PRINT NAME CY COWAN	(505) 748-147	TELEPHONE NO.
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Jim W. Bum me District Supervisor

(This space for State Use)

APTROVED BY-