	_			-	157			
ubmit 3 Copies to Appropriate District	state of New Mexico			Form C-103				
ffice	Energy, Minerals and Natural Resources				PA Re	evised March 25, 1	999	
25 N. French Dr., Hobbs, NM 88240				WELL API NO	. "			
Strict II 1. South First Artesia NM 88210 OIL CONSERVATION DIVISION				30-015-30637	<u> </u>			
1 South First, Artesia, NM 88210 strict III	2040 South Pacheco St.				5. Indicate Type of Lease STATE X FEE			
00 Rio Brazos Rd., Aztec, NM 87410	Santa 3	STATE X	6. State Oil & Gas Lease No.					
strict IV 40 South Pacheco, Santa Fe, NM 8750	ŕ			V-4100				
CUMDDY NOTI	CES AND REPORT	'S ON WE	IIC	7. Lease Name	or Unit Agree	ment Name:		
DO NOT USE THIS FORM FOR PR			ı	,, <u>Bemoe</u> 1 (mine	or eg		1	
DIFFERENT RESERVOIR. USE "A			1					
'ROPOSALS.)			,				i	
1. Type of Well:				Jacque AQJ State				
Oil Well X Gas Well U Other					- 20.40	,		
2. Name of Operator				8. Well No.	160.6	W.C.	l	
Yates Petroleum Corporation				4 79,00				
3. Address of Operator				9. Pool name or Wildcat				
105 South Fourth Street, Artesia, New Mexico 88210				West Lost Tan	<u> </u>			
4. Well Location	0001	a. Ni a adh	line and	330' f	eet from the	West	line	
Olit Detter.	990' feet from th				County E		inic	
Section 34	Township		nge 31E nether DF, RKB, I	NMPM PT GR etc.)	County E	ddy		
	10. Elevati	אי איטאב) ווטו	3458' GL	(1, 01, 11.)				
11 0	1. A	. Indiante		ica Panant ar	Other Date			
	k Appropriate Box t	o indicate						
NOTICE OF	INTENTION TO:) 3	SUBSEQUEN'	REPORT	OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON	REMEDIAL WOF	RK	ALTER	RING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG ABANI	AND DONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	AND				
OTHER: Extend APD		X	OTHER:					
12. Describe proposed or comp	oleted operations. (Clea	rly state all p	ertinent details, a	and give pertinent	dates, includir	ng estimated da	ıte	
of starting any proposed v								
or recompletion.								
	141	. J 111 - A DI	Danningtion data f	For one (1) year to	May 2 2002			
Yates Petroleum Corporation wi	snes to extend the caption	ed well's API	expiration date i	of one (1) year to	Wiay 3, 2002	•		
Thank you.								
		•						
	Last Exte							
hereby certify that the information	mation above is true and	complete to	the best of my kn	owledge and beli	ef.			
SIGNATURE Darlene (TITLE	Regulatory		DATE	03/07/01		
Type or print name Darlene (1				elephone No.	(505) 748-14	 171	
This space for State use)	ORIGINAL SIGNED B	Y TIM W. G			· •	MAR 23		
\PPROVED BY	DISTRICT II SUPERVI				DATE _	IMM & U	-c01	
Conditions of approval, if any	•	-			_			