Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II		Santa Fe, New Mexico 87504-2088			30-015-26/68	
P.O. Drawer DD, Artesia, NM	88210				5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410						TATE EX FEE
					6. State Oil & Gas Lease N LG-9280	ło.
SUNDRY NOTICES AND REPORTS ON WELLS					7//////////////////////////////////////	
TOO NOTUSE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						
DIFFEHENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:						
OL. WELL XX	WELL O	OTHER			Mana HATYHI C	.
2. Name of Operator YATES PETROLEUM CORPORATION					Mary "AIV" State 8. Well No.	
					2	
3. Address of Operator					9. Pool name or Wildcat	
105 South Fourth Street, Artesia, New Mexico 88210					Lost Tank Delaware	
	. 2310	Ew E The North		••• • 660	Feet From The _F	
<u> </u>		rea from the NOT CIT	<u> </u>	Line and 000	Feet From The _F	<u>Cast</u> Line
Section 36 Township 21 South Range 31 East NMPM Eddy County						
(/////////////////////////////////////						
(/////////////////////////////////////						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO:					SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	< □	PLUG AND ABANDON		REMEDIAL WORK	ALTERI	ING CASING
TEMPORARILY ABANDON CHANGE PLANS				COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB		
OTHER: EXTEND APD			X	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed						
WORK, SEE ROLE 1103.						
Yates Petroleum Corporation would like to extend the above captioned well for another six (6) months. $\rho_{ost} ID-2$						
· ml 1						6-9-95
Thank you.						المراد المالية
						EXPINI
		Carlotte William		a.	RECEIVE	
						- <u>ال</u>
not approved help 1/2 45					MAY 3 1 1995	
					(3/3) 9.1 1000	
6/2/95 OIL CON. DIV.						
						9000
					Dist. 2	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Regulatory Agent DATE						5/31/95
Cliffee D. M.						
TYPE OR PRINT NAME Clifton R. May TELEPHONE NO.748-147						

(This space for State Use)