

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. 30-015-26801
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1952
7. Lease Name or Unit Agreement Name Jammer "AJM" State
8. Well No. 1
9. Pool name or Wildcat La Huerta Delaware

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Yates Petroleum Corporation ✓
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210	4. Well Location Unit Letter M : 760 Feet From The south Line and 990 Feet From The west Line Section 9 Township 21 South Range 27 East Eddy NMPM County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3236' GR	

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: Extend APD <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 expiration date of the above named well.

Thank you.

RECEIVED

AUG - 6 1993

C.S.D.

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

SIGNATURE <u>Ken Beardemphl</u>	TITLE <u>Landman</u>	DATE <u>8/5/93</u>
TYPE OR PRINT NAME: <u>Ken Beardemphl</u>	TELEPHONE NO. <u>748-1471</u>	

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 27 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED FOR 130 DAYS  
2-12-94  
UNDERWAY

2014-2015  
Small Business  
and Local Government