Submit 3 Copies
to Appropriate
District Office

Form C-103
Revised 1-1-89

C-15

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.
30-015-26836

5. Indicate Type of Lease
STATE [x] FEE [ ]

6. State Oil & Gas Lease No.
E- 7901

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.)

7. Lease Name or Unit Agreement Name

Ranchero "AJP" State

1. Type of Well:
OIL WELL [ ]   GAS WELL [XX]   OTHER

8. Well No. 1

2. Name of Operator
YATES PETROLEUM CORPORATION

9. Pool name or Wildcat
Wildcat Morrow

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location

Unit Letter __C__ : __660__ Feet From The __North__ Line and __1980__ Feet From The __West__ Lin

Section __17__   Township __19 South__   Range __24 East__   NMPM __Eddy__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3788' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: __Extend APD__ [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

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 RULE 1103.

Yates Petroleum Corporation would like to extend the above captioned wells expiration

for another six (6) months.

Thank you.

not approved
tw 7/24/95

Exp Int
Prnt ED-2
8-25-95

RECEIVED

JUL 19 1995

OIL CON DIV
DIST. 2

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

SIGNATURE _____   TITLE __Landman__   DATE __7-17-95__

TYPE OR PRINT NAME Ken Beardemphl

TELEPHONE NO. __505-748-1471__

(This space for State Use)