

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

A.M. Oil Cons. D.

011 C. 1st

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Adeline "ALN" Fed. #13
2. Name of Operator YATES PETROLEUM CORPORATION	9. API Well No. 30-015-27279
3. Address and Telephone No. 105 South Fourth Street, Artesia, NM 88210 (505) 748-4171	10. Field and Pool, or Exploratory Area Wildcat Delaware
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL and 660' FWL Section 6, T24S-R31E	11. County or Parish, State Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>EXTEND APD</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Yates Petroleum Corporation wishes to extend the captioned wells APD expiration date for one (1) year to January 5, 1999.

Thank you.

**APPROVED FOR 12 MONTH PERIOD
JAN 05 1999
ENDING**

14. I hereby certify that the foregoing is true and correct

Signed Chitra R. May Title Regulatory Agent Date December 30, 1997

(This space for Federal or State office use)

(ORIG. SGD.) LES BABYAK

PETROLEUM ENGINEER

MAR 04 1998

Approved by _____
Conditions of approval, if any: _____

Title _____

Date _____