State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-015-27321

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

6. State Oil & Gas Lease No.
V-120

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.)

RECEIVED

AUG 1 1 1993

O.C.D.

7. Lease Name or Unit Agreement Name

MEDANO "VA" STATE

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

2. Name of Operator
YATES PETROLEUM CORPORATION

8. Well No.
13

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

9. Pool name or Wildcat
LOS MEDANOS DELAWARE

4. Well Location

Unit Letter __H__ : __1980__ Feet From The __North__ Line and __660__ Feet From The __East__ Line

Section __16__   Township __23 South__   Range __31 East__   NMPM   __Eddy__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3377' 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 WISHES TO EXTEND THE EXPIRATION DATE ON THE ABOVE NAMED

WELL.

THANK YOU.

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

SIGNATURE _Clifton R. May_   TITLE __PERMIT AGENT__   DATE 8/10/93

TYPE OR PRINT NAME __CLIFTON R. MAY__   TELEPHONE NO. 748-1471

(This space for State Use)

APPROVED BY _____   TITLE _____

DATE **AUG 2 7 1993**

CONDITIONS OF APPROVAL, IF ANY:

_180_ DAYS
_2-7-94_