Form C-103
Revised 1-1-89

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. 32
30-015-27281

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.)

7. Lease Name or Unit Agreement Name

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

JAN 17 '95

Medano, "VA" State

2. Name of Operator
YATES PETROLEUM CORPORATION

8. Well No.
13

3. Address of Operator
105 South Fourth Street, Artesia, New Mexico 88201

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: ___EXTEND APD___ [XX]		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

DATE FOR ANOTHER SIX MONTHS.

THANK YOU.

8/10/95

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 __1/12/95__

TYPE OR PRINT NAME   CLIFTON R. MAY   TELEPHONE NO. 748-1471

(This space for State Use)   ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

JAN 27 1995

APPROVED BY _____   TITLE _____   DATE _____