

Submit 3 Copies
to Appropriate
District Office

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.
30-025-3328

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
V-3611

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

Appoint APT State

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. #1

2. Name of Operator
YATES PETROLEUM CORPORATION

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

9. Pool name or Wildcat
Wildcat Bone Spring

4. Well Location
Unit Letter I : 2310' Feet From The South Line and 330' Feet From The East Line
Section 18 Township 21 South Range 34 East NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3745' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: EXTEND APD <input checked="" 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 above mentioned well's expiration date for ¹² ~~six~~ months.

Thank you.

Expires Aug 7, 1997

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Clifton R. May TITLE Regulatory Agent DATE 8-2-96
TYPE OR PRINT NAME Clifton R. May (505) 748-1471 TELEPHONE NO.