

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX **RECEIVED**
SANTA FE, NEW MEXICO 87501

OCT 5 1982

O. C. D.

Form C-103
Revised 10-1-73

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐
Name of Operator
Yates Petroleum Corporation ✓
Address of Operator
207 S. 4th, Artesia, New Mexico
Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 31 TOWNSHIP 6 South RANGE 25 East N.M.P.M.

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Snell "QZ"
9. Well No. 1
10. Field and Pool, or Wildcat Abolice
11. County Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3911.1' GL

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"/>	OTHER extension of APD <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

We hereby request an extension of our Application for Permit to Drill dated 7/2/81.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 8/5/83
UNLESS DRILLING UNDERWAY

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

SIGNED Debra L. Yellbourn TITLE Regulatory Coordinator DATE 10/5/82
Original Signed By
Leslie A. Clements
SUPERVISOR DISTRICT II
PROVED BY _____ TITLE _____ DATE OCT 8 1982
CONDITIONS OF APPROVAL, IF ANY: