NM Oil Cons. Com̲ ̲ion
Drawer DD
Artesia, NM 88210

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

NM-36724

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
☐ Oil Well   ☒ Gas Well   ☐ Other

APR 1 6 1994

2. Name of Operator

YATES PETROLEUM CORPORATION ✓

3. Address and Telephone No.

105 South Fourth Street, Artesia, New Mexico 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL and 660' FEL
Sec. 20-T8S-R22E

8. Well Name and No.

Salt Creek Unit #6

9. API Well No.

10. Field and Pool, or Exploratory Area

West Pecos Slope Abo

11. County or Parish, State

Chaves County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☐ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other ___EXTEND APD___	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 ABOVE CAPTIONED APD.

THANK YOU.

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

Signed _____   Title _____PERMIT AGENT_____   Date ___3/7/94___

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____

Conditions of approval, if any:

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 3 0 1995

APR 7 1994

*See Instruction on Reverse Side