in	e de la companya della companya della companya de la companya della companya dell	_	4	
Submit 3 Copies to Appropriate District Office	State of New Energy, Minerals and Natura	Mexico I Resources Department	olsi an	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic			•
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease ST 6. State Oil & Gas Lease N	ATE FEE X
DIFFERENT RESER	CES AND REPORTS ON WOPOSALS TO DRILL OR TO DEEP RVOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	CHIPO DI LIO DAGIZZO	7. Lease Name or Unit Agr Jamie Com.	eement Name
WEIL GAS WEIL X	OTHER			
2 Name of Operator YATES PETROLEUM CORPORA	ATION		8. Well No.	
3. Address of Operator 105 South Fourth Street	, Artesia, New Mexico	88210	9. Pool name or Wildcat	
4. Well Location			Pecos Slope Ab	0
•	O' Feet From The South	Line and330'	Feet From The	East Line
Section 33	Township 5S 10. Elevation (Show wheth	Range 25E	NMPM Chaves	County
	3699'	•		
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data	
NO NOL OF IN	ENTION TO:	SUB:	SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIA	IG CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AN	ND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER: EXTEND APD	X	OTHER:		
 Describe Proposed or Completed Operation SEE RULE 1103. 	xas (Clearly state all pertinent details,	and give pertinent dates, includ	ing estimated date of starting a	ny proposed
Yates Petroleum Corpora	tion wishes to extend	the captioned well	's expiration dat	o for
one (1) year to September	er 5, 1999.			e lor
		• 7	A P	678×4
Thank you.	APPRO	OVAL VALID FOR	DAVE	
	PERM	NIT EXPIRES 8-5 ESS DRILLING UNDER	-DAYS AUG RWAY RECE	EIVED ARTESIA 67
1 hereby certify that the ratormation above at true at	nd complete to the best of my knowledge an	d belief.		
SIGNATURE	TI TI	ne <u>Requlatory Tecl</u>	nnician DATE -	August 4, 199
TYPEOR PRINT NAME CY COWAN		(505) 748-1471	TELEPH	IONE NO.
	NED BY TIM W. GUM			
ATPOVED BY DISTRICT II SI	JPERVISOR TO	Π.Β	8 - 5	5-98