Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resource

District Office	and I damai	Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	ON DIVISION		
DISTRICT II	CT II P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
P.O. Drawer DD, Artesia, NM 88210			30-025-31	244
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease	ATE XX FEE
100 Ma Bizzas Ku., Azibe, NM 8/410			6. State Oil & Gas Lease N	
SUNDRY NOT	ICES AND REPORTS ON WE		E-7653	
The section of the Party	UPUSALS IO DRILL OD TO REFRE			
	RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	ERMIT	7. Lease Name or Unit Agr	reement Name
1. Type of Well:	TOTO CONTROL CONTROL		Nowata "AGR"	C+++
MEIT (Y) MEIT	OTHER		Howata Adk	state
2. Name of Operator			8. Well No.	
Yates Petroleum Corpo  3. Address of Operator	oration		1	
105 South Fourth Stra	eet, Artesia, NM 8821	 ∩	9. Pool name or Wildcat	
" " " TOUR ENGINEER		<u> </u>	Wildcat	
Unit Letter P : 660	Feet From The South	Line and66	O Fort For	Fact
Section 9	Township 18 South	25 5224	Feet From The	Line Line
	Township 18 South Ra	ange 35 East	MPM Lea	County
	11,200 3920	CR		
11. Check A	Appropriate Box to Indicate 1	Vature of Notice Pa		
NOTICE OF INT	ENTION TO:	Supplemental Suppl	port, or Other Data	
PERFORM REMEDIAL WORK	DILLIC AND ADMINISTRA	i	SEQUENT REPOR	IT OF:
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	IG CASING
_	CHANGE PLANS	COMMENCE DRILLING	OPNS. PILICAN	ND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEN		AD ABANDONMENT
OTHER:		F		
12. Describe Proposed or Completed Onni				XX
<ol> <li>Describe Proposed or Completed Operation</li> <li>SEE RULE 1103.</li> </ol>	ons (Clearly state all pertinent details, and	d give pertinent dates, includir	ng estimated date of starting at	TV Dranged
Yates Petroleum Corpor	ation wishes to extend	l the Application	n to Drill for th	ie
captioned well for ano	ther six months to May	15, 1992.		
				,
•				
I hereby certify that the information		<del></del>		
I hereby certify that the information above is true an	d complete to the best of my knowledge and be			
SIGNATURE CLAST	The Time	Permit Agen		11-4-91
TYPE OR PRINT NAME	7		DATE _	
			Теценно	NE NO.
(This space for State Use) Signed	b₩			

APPROVED BY ...

Paul Kautz Geologist

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CONDITIONS OF APPROVAL, IF ANY: