Submit 3 Copies to Appropriate District Office

APPROVED BY

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-8

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088				WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-025-31584  5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE FEE X  6. State Oil & Gas Lease No.			
1000 NO BIEZO NAS AREC, NAT 8/410						
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		
1. Type of Well: Off. GAS WELL XX WELL	OTHER			Snyder ''AKY''		
Name of Operator  VATES DETECT CONTON AUTON				8. Well No.		
YATES PETROLEUM CORPORATION  3. Address of Operator				9. Pool name or Wildcat		
105 South Fourth Street, Artesia, New Mexico 88210				Undesignated Delaware		
Unit LetterL :231	O Feet From The South	<u>.</u>	Line and 990	Feet From The	West	Line
Section 1	Township 20 South	Ra	unge 32 East	<b>vmpm</b> Lea	•	County
	10. Elevation (Show w	vhether	DF, RKB, RT, GR, etc.)			
11. Check	Appropriate Box to India	cate 1	Vature of Notice De	Post or Other Dea	<u> </u>	
NOTICE OF INT	ENTION TO:	· · · · · · · · · · · · · · · · · · ·	•	SEQUENT REPO		
RFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				F		_
TEMPORARILY ABANDON	CHANGE PLANS					
PULL OR ALTER CASING	OI MIGE PLANS		COMMENCE DRILLING OPNS. L PLUG AND ABANDONMENT L			
CASING TEST AN			CASING TEST AND CE	MENT JOB []		_
OTHER: EXTEND APD   OTHER: OTHER:						_ [
<ol> <li>Describe Proposed or Completed Operat work) SEE RULE 1103.</li> </ol>	ions (Clearly state all pertinent det	tails, an	d give pertinent dates, includ	ing estimated date of starti	ig any proposed	
YATES PETROLEUM COR	PORATION WISHES TO E	XTEN	D THE ABOVE CAPT	IONED WELL FOR	ANOTHER	
SIX MONTHS.						
THANK YOU.						
212441 100,						
		کے	Hended	to 12	)	ØЦ
I hereby certify that the information above is true	and complete to the best of my knowled	ige and b	odief.	· VE	· V · J · C	
SIONATURE Cliffy ?	nay	_ m.	PERMIT AGENT	·	5/16/94	
TYPE OR PRINT NAME				те	LEPHONE NO.	
(This space for State Use)			OPIGINAL SIGNED BY	ierba cealum	MA &	

- TITLE

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

- DATE -

JEFFIVED

MAY 8 3 1994

OFFICE