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

DISTRICT

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  P.O. Drawer DD, Artesia, NM 88210  P.O. Box 2088  Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-32330	
			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE STATE	: 🗆
1000 100 DILLOS 100, 1000, 1000 8/410		·	6. State Oil & Gas Lease No. V-3813	
SUNDRY NO	OTICES 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"			7. Lease Name or Unit Agreement Name	
1. Type of Well:	(C-101) FOR SUCH PROPOSALS	5.)		
OL WELL XX WELL [	OTHER		Clover AOC State	
Name of Operator YATES PETROLEUM CORPORATION			8. Weil No. 1	
3. Address of Operator 105 South Fourth Street, Artesia, New Mexico 88210			9. Pool name or Wildcat Wildcat Delaware	
4. Well Location A 3	30' North	h 330	' East	
5	Feet From The 24 South	Line and	Feet From The	Line
Section	Township	33 East	Lea NMPM Con	
	10. Elevation (Show wi	hether DF, RKB, RT, GR, etc.)		inty
11. Check	Appropriate Box to Indic	cate Nature of Notice, Re	POOT or Other Data	
NOTICE OF IN	NTENTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	Г
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	<del></del>	 
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB	
OTHER:			ביטיווייאדט א ססס	
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	rations (Clearly state all pertinent deta	ails, and give pertinent dates, includ	ing estimated date of starting any proposed	
ייי או די אריים אייי אייי אייי איייי איייי איייי אייייי איייייי				
TATES PETROLEON O	ORPORATION WOULD LIKE	TO EXTEND THE ABOVE	CAPTIONED WELL FOR	
ANOTHER SIX MONTHS	3.			
THANK YOU.		y section of the sec		
		9		
The section are for the state of		CYPINE	25 6-7-95	
I hereby certify that the information above is tr	ue and complete to the best of my knowleds	ge and belief.		

I have a great to that the sufficient		Expires	6-7-95
SIGNATURE	lation above is true and complete to the best of my knowledge	PERMIT AGENT	12/1/94
TYPE OR PRINT NAME	CLIFTON R. MAY		748–1471 TELEPHONE NO.
(This space for State Use)	<ul> <li>● 1200 (12) (12) (12) (13) (13) (13) (13)</li> <li>● 120 (13) (13) (13) (13) (13)</li> </ul>		020 88 <b>8</b>