Submit 3 Copies to Appropriate District Office

-YE CIVORTA

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C	.1	α	3
Revise	d	1	-1	-89

JAN 18 1995

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA'				
P.O. Box DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mex	co 87504-2088 30-025-31693			
DISTRICT III	5. Indicate Type of Lease STATE STATE			
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-2443			
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE	VELLS			
(FORM C-101) FOR SUCH PROPOSALS.	PERMIT 7. Lease Name or Unit Agreement Name			
1. Type of Well: OL X GAS WELL X WELL OTHER	Lotus "ALT" State			
2. Name of Operator YATES PETROLEUM CORPORATION	8. Well No. 1			
3. Address of Operator 105 South Fourth Street, Artesia, New Mexic	9. Pool name or Wildcat Undesignated Delaware			
4. Well Location Unit Letter A: 660 Feet From The North	660 East Line and Feet From The Line			
Section 32 Township 22 South	32 East Lea			
10 Elevation (Show wh	Range NMPM County ther DF, RKB, RT, GR, etc.)			
Check Appropriate Box to Indic.	No. (No. 1)			
NOTICE OF INTENTION TO:	e Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER: EXTEND APD	OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent deta work) SEE RULE 1103.	, and give pertinent dates, including estimated date of starting any proposed			
YATES PETROLEUM CORPORATION WISHES TO EXTE	O THE ABOVE CAPTIONED WELLS EXPIRATION DATE			
FOR ANOTHER SIX MONTHS.				
THANK YOU.				
and the second s				
	Dires Aug 24 1995			
I hereby certify that the information above is true and complete to the best of my knowledge Signature.	PERMIT AGENT 1/12/95			
TYPE OR PRINT NAME CLIFTON R. MAY	TELEPHONE NO. 748-1471			
(This space for State Use)	TELEPHONE NO. / TO 14/1			

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ent about a supervisor