Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

		or Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbe, NM 88240	OIL CONSERVATION	ON DIVISION	
DISTRICT II	P.O. Box 2088		WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	30-025-33123
DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410		•	6. State Oil & Gas Lease No.
CUNDOVALO			1
(DO NOT USE THIS FORM FOR BEA	ICES AND REPORTS ON WE	LLS	
(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	
(FORM C	-101) FOR SUCH PROPOSALS.)	INMI I	of our Agreement Name
1. Type of Well:		·	
WEIT WEIT	OTHER		Berry APN State
2. Name of Operator			8. Well No.
YATES PETROLEUM CORPOR 3. Address of Operator	RATION		d. Well 140. #2
105 South Fourth Street, Artesia, NM 88210		9. Pool name or Wildcat	
4. Well Location	et, Artesia, NM 88210		Berry Bone Spring North
I Init Legar X 990	Feet From The South	200	
: <u></u>	Feet From The South	Line and330	Feet From TheEast
Section 5	Township 21 South	3/ Eac+	1
	10. Elevation (Show whether	onge 34 East	NMPM Lea Count
\ <i>[</i>	3718	Dr, Mab, Rr, GR, etc.)	
11. Check A	Appropriate Box to Indicate I	Vatura of Marias D	<u> </u>
NOTICE OF INT	FNTION TO		
	LIVITON TO.	SUB	SEQUENT 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 CE	
OTHER: EXTEND APD	X	OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ions (Clearly state all pertinent details, an		ing estimated date of starting any proposed
	ation wishes to extend		
		one rippi reaction	TOT TELINITE CO DITITION
six (6) months.			
Thank you.			
			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I hereby certify that the information above is true	and complete to the hear of	14 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	w we cost of my knowledge and h	CHCI.	

I hereby comfu that the safe and	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	2-29-96
TYPE OR PRINT NAME Clifton R. May	паденоче No. 748-1471

