

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-33575
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-4297

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	Coriander AOC State
8. Well No.	3
9. Pool name or Wildcat	Red Tank Bone Spring

1. Type of Well:	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER
2. Name of Operator	YATES PETROLEUM CORPORATION
3. Address of Operator	105 South Fourth Street, Artesia, New Mexico 88210
4. Well Location	

Unit Letter	I	:	2310'	Feet From The	South	Line and	330'	Feet From The	East	Line
Section	23	Township	23S	Range	32E	NMPM	Lea	County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)										
3720'										

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: EXTEND APD <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Yates Petroleum Corporation wishes to extend the captioned well's expiration date for one (1) year to September 12, 1999.

Thank you.

Expires SEP 12 1999

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	<u>Cy Cowan</u>	TITLE <u>Regulatory Technician</u> DATE <u>August 4, 1998</u>
TYPE OR PRINT NAME	<u>Cy Cowan</u>	(505) 748-1471 TELEPHONE NO

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT II SUPERVISOR

OT 2 90