Submit 3 Copies to Appropriate Distinct Office

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

Form C-103 Revised 1-1-89

DISTRICTI

P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-025-34147
	5. Indicate Type of Lease STATE X FEE

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-34147
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease  STATE X FEE	
		6. State Oil & Gas Lease No. V-698	
SUNDRY NOTIC	CES AND REPORTS ON WEL	I's	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
UIFFERENT RESER (FORM C-	VOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)	RMIT*	7. Lease Name or Unit Agreement Name
1. Type of Weil:	•		Buffalo ARU State Com.
OL WELL X	OTHER		
2. Name of Operator		<del></del>	8. Well No.
YATES PETROLEUM CORPORA	NOITA	•	a. Well No.
3. Address of Operator			9. Pool name or Wildcat
105 South Fourth Street	, Artesia, New Mexico 8	8210	Undesignated Townsend Morrow
4. Well Location			1 - January 20 miseria Mollow
Unit Letter i 1980	O' Feet From The South	Line and 660'	Feet From The West Line
Section 18		nge 35E	VMPM Lea County
	10. Elevation (Show whether ) 4063	DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
THE EVENTURE AND		OVOURG LEST WAND CEL	MENT JOB [_]
OTHER: EXTEND APD	x	OTHER:	
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 26, 1999			
	<b>4</b>	· (*)	
Thank you.			
	49		

SEP 26 1999

I hereby certify that the information above in true and complete to the best of my knowledge and belief.

SIONATURE

mme Regulatory Technician

DATE August 4, 1998

TYPE OR PRINT NAME /Cy Cowan

(505) 748-1471

TELEPHONE NO.

(This space for State Use)

ORIGINAL SILVES BY CHEED WILLIAMS DISCHOT I SUPERVISOR

OCT 2 1 1998 00

ATTROVED BY -