	State of No	w Movi		CAP		Form C	2-103		
		te of New Mexico		۴ř	Re	vised March 25			
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and	rgy, Minerals and Natural Resources		WELL API	NO.				
District II	OIL CONSERVATION DIVISION 2040 South Pacheco St. Santa Fe, NM 87505		NUSION	30-015-28371					
811 South First, Artesia, NM 88210				5. Indicate Type of Lease					
District III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE X FEE					
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Gas Lease No.					
			E-10167 7. Lease Name or Unit Agreement Name:						
SUNDRY NOTICES					ne of Olin Agree	nent ivaine.			
(DO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DE	EPEN OR I DRM. C-101	PLUG BACK TO A						
PROPOSALS.)	RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-1 01) FOR SUCH)								
1. Type of Well:				Boyd X State					
Oil Well X Gas Well	Other		·	O NUNN					
2. Name of Operator			8. Well No.						
Yates Petroleum Corporation			9. Pool name or Wildcat						
3. Address of Operator			Dagger Draw Upper Penn, North 15472						
105 South Fourth Street, Artesia, N 4. Well Location	Dagger Dia								
	60' feet from the	South	ine and	660'	_feet from the	East	line		
Section 28	Township 195			NMPM	County Ed	dy			
	10. Elevation (Show wh	ether DF, RKB,	RT, GR, etc.)					
			3505' GR						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
			SUBSEQUENT REPORT OF:						
	PLUG AND ABANDON		REMEDIAL WO	RK [ALTER	ING CASING			
	CHANGE PLANS		COMMENCE DR		PLUG A				
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST	AND [
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to February 16, 2003. Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
		Regulatory Technician	DATE	12/28/01					
Type or print name Robert Asher			Telephone No.	(505) 748-4364					
(This space for State user APPROVED BY DISTRICT II SUPERVIP	tin W. Gum Or Hile	.	DATE	102002					
Conditions of approval, if any:									

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