

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000

**SUNDRY NOTICES AND REPORTS ON WELLS**

**Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Serial No. <b>NM-82845</b>
2. Name of Operator <b>Yates Petroleum Corporation</b>	6. If Indian, Allottee or Tribe Name
3a. Address <b>105 South Fourth Street, Artesia, NM 88210</b>	7. If Unit or CA/Agreement, Name and/o
3b. Phone No. (include area code) <b>(505) 748-1471</b>	8. Well Name and No. <b>Polo AOP Federal Com. #7</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1750' FSL and 1750' FEL Section 10, T19S-R25E</b>	9. API Well No.
	10. Field and Pool, or Exploratory Area <b>North Dagger Draw Upper Penn</b>
	11. County or Parish, State <b>Eddy County, New Mexico</b>

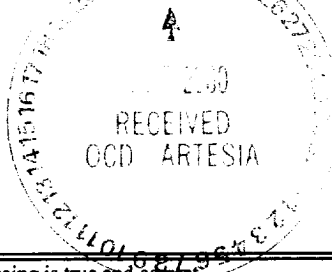
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Extend</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	APD
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once Testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Yates Petroleum Corporation wishes to extend the captioned well's APD expiration date for one (1) year to September 24, 2001.

Thank you.



Approved For 12 Month Period  
Ending 9/24/2001

14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) <b>Jamie Savoie</b>	Title <b>Regulatory Technician</b>
Signature <i>Jamie Savoie</i>	Date <b>August 17, 2000</b>

**THIS SPACE FOR FEDERAL OR STATE USE**

Approved by <b>(ORIG. SGR.) JOE G. LARA</b>	Title <b>Petroleum Engineer</b>	Date <b>10/26/2000</b>
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office <b>CFO</b>

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)