Submit 3 Copies to Appropriate District Office District I

State of New Mexico Energy, Minerals and Natural Resources

1625 N. French Dr., Hobbs, NM 88240				WELL API	NO.		
District II OH CONSEDVATION DIVISION				30-015-29392			
District III 2040 South Pacheco St.				5. Indicate Type of Lease			
000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X 6. State Oil & Gas Lease No.				
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	Samuel 1 by		· -	o. State Oil	& Gas Lease	No.	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name:			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A							
DIFFERENT RESERVOIR. USE "APPL"	ICATION FOR PERMIT" (F	ORM C-101	FORSUCH				
PROPOSALS.) 1. Type of Well:			35		Barbara 17 S	SF Com	
Oil Well Gas Well X Other S				Barbara 17 St. Com.			
2. Name of Operator		5 77	→ N	8. Well No.			
Yates Petroleum Corporation		AR E			20		
3. Address of Operator				9. Pool name or Wildcat			
105 South Fourth Street, Artesia,	New Mexico 88210	与		Boyd Morr	ow Gas		
4. Well Location							
Unit Letter: O :	660' feet from the	South	line and	1980'	feet from th		line
Section 17	Township 19		0	NMPM	Count	ty Eddy	
	10. Elevation	(Show who	ether DF, RKB, I	RT, GR, etc.)	1		
			3519' GR		<u> </u>]
11. Check A	ppropriate Box to I	ndicate l	Nature of Not	ice, Report	, or Other D	ata	
NOTICE OF IN	TENTION TO:		S	UBSEQUE	ENT REPO	RT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	RK	AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS		.UG AND BANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	AND			
OTHER: Extend APD		X	OTHER:				
12. Describe proposed or complete	d operations. (Clearly	state all p	ertinent details,	and give perti	nent dates, inc	cluding estimated	date
of starting any proposed work							
or recompletion.	d). SEE ROLL 1103. I	or munip	e Completions.	Attuen wens	ore urugrum o	. р. орооса сор.	
or recompletion.							
Yates Petroleum Corporation wishes	s to extend the cantioned	well's APE	expiration date	for one (1) yea	ır to February 9	9, 2003.	
Thank you.	to extend the cupitoned	.,				,	
I hereby certify that the informati	on above is true and con	mplete to	the best of my ki	nowledge and	belief.		
SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>у</i> . т	TITLE	Regulatory [*]	Technician	DAT	TE 12/31/01	
Type or print name Robert Asher				~	Telephone N	o. (505) 748-4	364
(This space for State ase) / OR	IGHAL SIGNED BY	IM W. G	<u> </u>	`		JAN 102	20
	BTRICT II SUPERVISO	T T			XX 4.70°	•••	
APPROVED BY////	Т	TITLE			DAT	r	
Conditions of approval, if any:							