

Submit 3 Copies to Appropriate District
 Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco St.
 Santa Fe, NM 87505

c151
 [Signature]

WELL API NO.
 30-005-00158

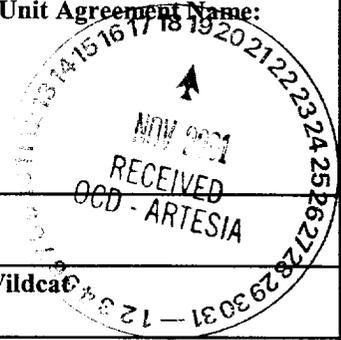
5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
 Ruby Jo ATY

8. Well No.
 1

9. Pool name or Wildcat
 Ordovician



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.)

1. Type of Well:
 Oil Well Gas Well 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: O : 660' feet from the South line and 1980' feet from the East line
 Section 14 Township 8S Range 26E NMPM County Eddy

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
 3888'

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
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPLETION
 OTHER: Extend ADP

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 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 January 13, 2003.
 Thank you.

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

SIGNATURE [Signature] TITLE Regulatory Technician DATE 11/15/01

Type or print name Robert Asher Telephone No. (505) 748-4364

(This space for State use) ORIGINAL SIGNED BY TIM W. GUM
 DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE _____ DATE NOV 28 2001

Conditions of approval, if any: Last Extension