Submit 3 Copies to Appropriate District 2 3 4 5 State of Office 2 3 4 5 Cherry, Minerals a 1625 N. French Dr., Hobbs, Di 88240 District II 811 South First, Artesia, Di 88210 SEP 2002 District III 1000 Rio Brazos Rd., Aztra, NM 87815CE/VED District IV 2040 South Pacheco, Santa Fe, NM 87505	WELL API NO. 30-005-63428 5. Indicate Type of Lease STATE FEE X 6. 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										
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"										
PROPOSALS.)										
1. Type of Well: Oil Well Gas Well X Other	Sacra "SA" Com.									
2. Name of Operator	8. Well No.									
Yates Petroleum Corporation	18									
3. Address of Operator	9. Pool name or Wildcat									
105 South Fourth Street, Artesia, New Mexico 88210	Cotton Ranch Penn									
4. Well Location										
Unit Letter: <u>H; 1980'</u> feet from the	North	line and	660'	_feet from the	East	line				
Section 27 Township (<u> </u>	NMPM	County (Chaves					
10. Elevation	n <i>(Show wh</i>	ether DF, RKB,	RKB, RT, GR, etc.)							
		3772'	<i>··</i>							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data										
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:									
PERFORM REMEDIAL WORK		REMEDIAL WOR	чк [RING CASING					
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DR			AND DONMENT					
PULL OR ALTER CASING MULTIPLE COMPLETION		CASING TEST A	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 October 17, 2003. Thank you.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.										
SIGNATURE Call	l.	TITLE	Regulatory Technician	DATE_	09/04/02					
Type or print name Robert As	sher			Telephone No.	(505) 748-1471					
(This space for State use) APPROVED BY	ORIGINAL SIGNED BY DISTRICT II SUPERVI			DATE	SEP 2 3 2002					
Conditions of approval, if any			#	DATE_						

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