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NEW MEXICO OIL CONSERVATION COMMISSION
FEB 5 1979

O. C. C.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-8617

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.
OIL WELL [X]   GAS WELL [ ]   OTHER·

2. Name of Operator
S. P. YATES

3. Address of Operator
207 So. 4th St., Artesia, NM   88210

4. Location of Well
UNIT LETTER ___F___ , ___2310___ FEET FROM THE ___North___ LINE AND ___2310___ FEET FROM
THE ___West___ LINE, SECTION ___15___ TOWNSHIP ___17S___ RANGE ___28E___ NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Spurck F State

9. Well No.
1   2

10. Field and Pool, or Wildcat
Red Lake

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Eddy

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER Bradenhead test [X]

17. 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.

Well head was dug out. No Bradenhead or casing clamps were on casing –
1" pipe was inserted between strings of pipe & grouted in with cement.
1" ell placed on top of 1" and left open.   Inspected by Mr. Williams, OCD.
Conventional BH- mw 2/6/79

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

SIGNED _[signature]_   TITLE Drilling Supervisor   DATE 2/2/79

APPROVED BY _[signature] Mike Williams_   TITLE **OIL AND GAS INSPECTOR**   DATE FEB 6 1979

CONDITIONS OF APPROVAL, IF ANY: