

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P. O. Box 1980 Hobbs, NM 88240

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

Well APINO.

30-015-23278

5. Indicate Type or Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11594-3

7. Lease Name or Unit Agreement Name

TRAVIS 13 STATE

8. Well No.

1

9. Pool name or Wildcat

TRAVIS UPPER PENN

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 ☒

GAS ☐

WELL

WELL

OTHER

2. Name of Operator

Harvey E. Yates Company

3. Address of Operator

P.O. Box 1993 , Roswell, NM 88202 1-505-623-6601

4. Well Location

Unit Letter F : 1,980 Feet From The NORTH Line and 1,980 Feet From The WEST Line

Section 13

Township 18S

Range 28E

NMPM

EDDY

County

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

3620' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SD TO EVALUATE CASING PROBLEMS ☐

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

5-4-95 RUN GR/JB TO 4600', COULD NOT GO FURTHER. POOH.

5-5-95 RAN BIT & SCRAPER TO 4600', COULD NOT GO FURTHER.

5-6-95 RAN LEAD IMPRESSION BLOCK, TAG AT 3387'. FORCED THRU AND PULLED OUT OF HOLE.

ND BOP & TBG HEAD. SPEAR CASING & PULL UP 10'. CONFIRM CASING PARTED.

NU TBG HEAD & WELL HEAD. SD TO EVALUATE CASING PROBLEM AND EVALUATE OFFSET

UPON COMPLETION OF OFFSET TEST, WILL PROCEED TO FIX OR REPLACE PIPE, SIDE TRACK

OR PLUG WELL.

MAY 30 1995

OIL CON. DIV.
DIST. 2

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

SIGNATURE

TYPE OR PRINT NAME

RAY F. NOKES

TITLE

PROD. MGR. / ENGINEER.

Date

5/26/95

TELEPHONE NO.

1-505-623-6601

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

Approved by

Title

Date

JUN 8 1995

Conditions of approval, if any: