

OIL CONSERVATION DIVISION

DISTRICT I
P. O. Box 1900 Hobbs, NM 88240
DISTRICT II
P. O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brueño Rd, Aztec, NM 87410

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

Well APT NO.	30-015-23637
Indicate Type or Lease	STATE ☒ FEE ☐
State Oil & Gas Lease No.	E-1287
Lease Name or Unit Agreement Name	TRAVIS 13 STATE
Well No.	2
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 1933, Roswell, NM 88202 1-505-623-6601
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4. Well Location Unit Letter C : 660 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, RKE, RT, GR, etc.) 3616.8' GR
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER: ☐

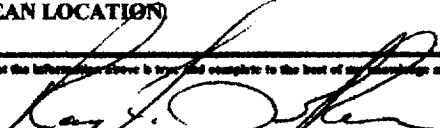
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103

SET CIBP @ 9700' +/- & 35' CMT.
PULL TBG TO 8105' & SPOT 100' PLUG (8105-8005') -TOP OF WOLFCAMP. 25 SK cement Plug 8260'-8160' (T.W.C. 8210')
CUT 5 1/2" CSG @ 6100' +/- TOP OF BONE SPRING. (TOC @ 6500' PER CBL).
PULL & LD CSG.
GIH w/ TBG TO 6150' AND SPOT 25 SK STUB PLUG. (6150-6050'). TAG
GIH w/ TBG TO 4600' AND SPOT 25 SK PLUG. (4600-4500'). TAG
PULL TBG TO 3150' & SPOT 25 SK PLUG. (3150-3050'). TAG
PULL TBG TO 755' & SPOT 100' PLUG. (755-655').
PULL TBG TO 400' & SPOT 100' PLUG. (400-300').
10 SK SURFACE PLUG.
INSTALL DRY HOLE MARKER

BACKFILL PIT & CUT OFF ANCHORS.
CLEAN LOCATION

BRINE GEL BETWEEN PLUGS.
CALL OCD II 24 HOURS PRIOR TO COMMENCEMENT

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

SIGNATURE	TITLE	DATE
	PROD. MGR. / ENGINEER	12/30/99
TYPE OR PRINT NAME	TELEPHONE NO.	
RAY F. NOKES	1-505-623-6601	

(This space for State use)

Approved by	Title	Date
	Field Rep II	12/30/99

Conditions of approval, if any: