

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

SEP 12 1991

O. C. D.

WELL API NO.

30-015-23859

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11594-2

7. Lease Name or Unit Agreement Name

Travis Deep Ohio Com

8. Well No.
#1

9. Pool name or Wildcat
South Empire Morrow

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

Harvey E. Yates Company

3. Address of Operator

P.O. Box 1933, Roswell, N.M. 88202

4. Well Location

Unit Letter M : 760 Feet From The South Line and 660 Feet From The West Line

Section 13 Township 18S Range 28E NMPM Eddy County

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

3539.1 GL

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: Perf & test additional zones ☒

SUBSEQUENT REPORT OF:

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.

- 1) Set CIBP @ 10,690' w/50' cmt
- 2) Perf & test Canyon
- 3) Set CIBP @ 9460' (If above not commercial)
- 4) Perf & Test Cisco
- 5) If not commercial will set 50' cmt on CIBP @ 9460' & set CIBP @ 9190' w/50' cmt

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

SIGNATURE

Tim Gum

TITLE

Engineer

DATE

9/10/91

TYPE OR PRINT NAME

Tim Gum

TELEPHONE NO.

623-6601

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

SEP 13 1991

CONDITIONS OF APPROVAL, IF ANY: