

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 87504-0088

SEP 14 '90

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
LG-8368

7. Lease Name or Unit Agreement Name

Mesquite 2 State

8. Well No.

#5

9. Pool name or Wildcat

Tamano Bone Spring

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:

OE.
WELL ☒

OAS
WELL ☐

OTHER

2. Name of Operator

Harvey E. Yates Company ✓

3. Address of Operator

P.O. Box 1933, Roswell, New Mexico 88202

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 2 Township 18S Range 31E NMPM Eddy County

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

3767.5 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Perf & Acdz ☒

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.

8/21/90 Perf 8074-92 (oa), Acdz w/1500 gals 20% NEFE

8/26/90 Acdz w/3000 gals 20% NEFE

9/2/90 Perf 7862-7920 (oa), Acdz w/3000 gals 20% NEFE

9/8/90 Run tbg & TA @ 7762', SN @ 8716'

Return all zones to production

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 9/11/90

TYPE OR PRINT NAME

Tim Gum

TELEPHONE NO. 623-6601

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

SEP 18 1990

CONDITIONS OF APPROVAL, IF ANY: