

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

JUN - 1 '94

WELL API NO. 30-015-27929
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cedar 32 State Com
8. Well No. #1
9. Pool name or Wildcat Cedar Lake, East
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3726'

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 H : 1980 Feet From The North Line and 660 Feet From The East Line

Section

32

Township

17S

Range

31E

NMPM

Eddy

County

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

3726'

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: Spud ☒

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.

Spud 17 1/2" hole @ 7:00 am 5/26/94

5/26/94

TD Surface @ 370'

Ran 9 jts 13 3/8" 48# csg, Set @ 370'

Cmtd w/375 sks Class "C" w/2% CaCl

PD @ 3:00 pm; Circ 30 sks to pit

WOC 18 hrs; Test csg to 500 psi/30 min- Held ok

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

SIGNATURE

Vickie Teel

TITLE

Drilg/Prod Analyst

DATE

5/31/94

TYPE OR PRINT NAME

Vickie Teel

TELEPHONE NO. 623-6601

(This space for State Use)

SUPERVISOR DISTRICT II

APPROVED BY

TITLE

DATE

JUN 22 1994

CONDITIONS OF APPROVAL, IF ANY: