Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-30380 Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL Loco Hills Welch 8. Well No. 2. Name of Operator Harvey E. Yates Company
3. Address of Operator 9. Pool name or Wildcat Empire South Morrow P.O. Box 1933 88202 Roswell, N.M. 4. Well Location 660 Feet From The West : 1650 Food From The South Line and thip 18S Range 29E
10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING Spud & csg/cmt jobs OTHER:... 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. Spud @ 4:00 pm 10/7/98 TD 17 1/2" hole @ 400' 10/7/98 Ran 9 jts 13 3/8" 48# H-40 csg, Set @ 400' Cmt w/500 sks Cl "C" w/2% CaCl D@ 5:00 am 10/8/98; Circ 250 sks to pit resume drlguny 1998 Test csg to 600 psi/30 min, Held ok; RECEIVED TD 12 1/2" hole @ 3133' 10/13/98 OCD - ARTESIA Ran 92 its 8 5/8" 32# J-55 csg, Set @ 3133" Cmt w/1000 sks 65:35 Poz ''C'' + 350 sks Cl ''C'' w/2% Cach am 10/14/98, Circ 320 sks to pit Test csg to 1200 psi/30 min, Held ok; resume de 12076 I hereby certify that the information above is true and complete to the best of my knowledge and belief. THE Production Analyst TELEPHONE NO. Vickie Teel TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

APPLOYER LY DISTRICT II SUPERVISOR

DATE 11-4-98