Submit 3 Copies To Appropriate District Office	State of New Mexico			ر ای	
District I	Energy, Minerals and Natural Resources			WELL ADINO	Brused March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.	31221
811 South First, Artesia, NM 88210				30-15-3123 3 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE FEE	
District IV Santa Fe, NM 87505			6. State Oil & C	_	
2040 South Pacheco, Santa Fe, NM 87505				o. State on the	AUS ESCAPE 110.
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.)				7. Lease Name Name:	or Unit Agreement
1. Type of Well: Oil Well Gas Well Other				Loco Hills Welch	
2. Name of Operator				8. Well No.	
Harvey E. Yates Company / 3. Address of Operator				#5 9. Pool name or Wildcat	
P.O. Box 1933, Roswell, New Mexico 88202				Empire South Morrow	
4. Well Location				Linbi	ic South Morrow
Unit Letter L: 1450' feet from the South line and 660' feet from the West line					
Section 4	Township 18		ange 29E		
	10. Elevation (Show who				Eddy County
3525 (GR)					
11. Check Ap	propriate Box to Indic	cate Na	ture of Notice, I	Report or Other	Data
NOTICE OF INT	ENTION TO:		SUBS	SEQUENT REI	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON [_	REMEDIAL WOR	<	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS [COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE [COMPLETION		CASING TEST AN CEMENT JOB	ID	
OTHER:	Г	¬	OTHER: Activity	on Well	×
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
12/08/2000 Set CIBP @ 9,200 gallons 15% NEF)'. Perf 9,131-9,148' & 9 E & 84 RCN BS.	,156-9,1	160', 2 jspf 120 deş	gree phasing. Acid	lize with 2,500
12/12/2000 RD PU and clean	location.				
					RECEIVED OCD - ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
71 1	ina Rodgers T	TITLE_	Production	Analyst Telephone	DATE 12/13/2000 e No. 505-623-6601
(This space for State use)	SIGNED BY TIM W. G	UM			···
APPPROVED BY Conditions of approval, if any:	N SUPERMOOR AD	TLE_			DATE