

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-31232

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:
Loco Hills Welch

8. Well No.
#5

9. Pool name or Wildcat
Empire South Morrow

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3525 (GR)

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, New Mexico 88202

4. Well Location
Unit Letter **L** : **1450'** feet from the **South** line and **660'** feet from the **West** line
Section **4** Township **18S** Range **29E** NMPM **Eddy** County

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 ☐ MULTIPLE COMPLETION ☐
OTHER: **Re-completion work** ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Set CIBP @ 8,000' +/- with 50' cement on top.
2. Perforate Bone Spring Carbonate @ 6,358-6,446' OAL.
3. Acidize & swab back.
4. Put on sucker rod pump to produce.



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

SIGNATURE Dianna Rodgers TITLE Production Analyst DATE 07/11/2001
Type or print name Dianna Rodgers Telephone No. 505-623-6601
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: NSL Required to Produce Bone Spring