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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-133
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		5. State Oil & Gas Lease No. B-3612
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Harvey E. Rhum Yates		8. Farm or Lease Name Snowden-McSweeney
3. Address of Operator 305 Carper Bldg., Artesia, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM West LINE, SECTION 16 TOWNSHIP 19S RANGE 30E NMPM.		10. Field and Pool, or Wildcat Hanson
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

16. 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.

cnt.
We intend to run tubing. Place 25 ska/plug from total depth of 1851'.
Circulate hole w/gal. Place cnt plug from below the salt section to within
100' of surface w/a top cnt plug and regulation dry hole marker.

RECEIVED

MAR 12 1965

U. S. O. I.
 FEDERAL BUREAU OF INVESTIGATION

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

SIGNED *DePuck* TITLE Bookkeeper DATE March 11, 1965
 APPROVED BY *ML Armstrong* TITLE MANAGER DATE MAR 13 1965
 CONDITIONS OF APPROVAL, IF ANY: