

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

SEP 12 1991

WELL API NO.
30-015-26412

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-689

7. Lease Name or Unit Agreement Name

SST

8. Well No.
#4

9. Pool name or Wildcat
Palmillo Bone Spring

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 F : 2030' Feet From The North Line and 1697' Feet From The West Line
Section 6 Township 19S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3386.7' GL

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: ☐

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.

- 1.) Sqz perfs 6572-6674' (Bone Spring)
- 2.) Drill out and test sqz.
- 3.) Knock out CIBP @ 7500' & push to bottom.
- 4.) Hang back on prod. to pmp Lower Bone Springs sand.

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

SIGNATURE Ray F. Nokes TITLE Production Mgr./Engineer DATE 9-11-91

TYPE OR PRINT NAME Ray F. Nokes

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____

DATE

SEP 13 1991

CONDITIONS OF APPROVAL, IF ANY: