

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

RECEIVED BY O. BOX 2088
SANTA FE, NEW MEXICO 87501

DEC 17 1984

O. C. D.

ARTESIAN SPRING

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG-6027	

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Harvey E. Yates Company	8. Farm or Lease Name Cedar Hills Com
3. Address of Operator P. O. Box 1933, Roswell, New Mexico 88201	9. Well No. #2
4. Location of Well UNIT LETTER <u>G</u> , <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>21S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat Burton Flats (Morrow)
15. Elevation (Show whether DF, RT, GR, etc.) 3300' GL	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 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 <u>PLUG BACK & Recomplete</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

See procedure attached.

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

SIGNED Leslie A. Clements TITLE V. P. of Operations DATE 12/14/84

Original Signed By
Leslie A. Clements

Supervisor District II

DEC 31 1984

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: