

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

JAN 16 '90

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 K : 1980' Feet From The South Line and 1980' Feet From The West Line

Section 15 Township 23s Range 27e NMPM Eddy County

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

3127' 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: Plugback & test Bone Spring (Pump Plugs) ☒

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.

Set CIBP @ 11,750' w/ 35' Cmt on Top. (Cap Morrow Perfs)

Pump 100' Cmt Plug @ 11,528' Top of Morrow.

Pump 100' Cmt Plug @ 10,472' Top of Penn.,.

Set CIBP @ 8965' w/ 50' Cmt on top. Top of Wolfcamp.

Sqz perfs 8602' to 8694' if not sqzd, (NO history of being sqzd previously)

DRL out & test sqzd perfs 8602-8694'

Perforate & test Bone Spring formation.

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 1-11-90

TYPE OR PRINT NAME

Ray F. Nokes

skh

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JAN 30 1990

CONDITIONS OF APPROVAL, IF ANY: