Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103	
District I	E. gy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO. 30-015-22450		
811 South First, Artesia, NM 88210 UIL CONSERVATION DIVISION				5. Indicate Type of Lease		
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410			STATI	· -		
District IV Santa Fe, NM 8/505				& Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505					L-711	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well:	TION FOR PERMIT" (FORM	EN OR PLU	G BACK TO A	Name:	me or Unit Agreement Amoco 22 State	
Oil Well Gas Well Other						
2. Name of Operator Harvey E. Yates Company				8. Well No. #1		
				9. Pool nam	e or Wildcat	
P.O. Box 1933, Roswell, New Mexico 88202				Forehand Ranch		
4. Well Location	· · · · · · · · · · · · · · · · · · ·					
Unit Letter E :	1,980 feet from the	e <u>Nortl</u>	n line and 6	60 feet fro	om the West line	
Section 22	Township		Range 27H		Eddy County	
	10. Elevation (Show)		
11 Charle A		3,148.6				
NOTICE OF INT	propriate Box to In	idicate Na		-		
PERFORM REMEDIAL WORK		N 🗆	REMEDIAL WORK		REPORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OF ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	D [
OTHER:			OTHER: Tempo	rarily Abando	on Request 🔀	
 Describe proposed or complete of starting any proposed work). or recompilation. 	d operations. (Clearly s SEE RULE 1103. For	state all per Multiple	tinent details, and gi	ve pertinent da	ates, including estimated date	
As current operator of extension of Tempora to retain the wellbore	ry Abandonment :	status. V				
See attached mechanical integrity test chart dated 11/5/2001.					***************************************	
I hereby certify (that the information	above is true and com	nlete to the	hest of my knowled	lga and haliaf		
in in internation	is the and comp	picie io ult	ocsi of my knowled	ige and benet.		
SIGNATURE ALLANA	Xidgers	_TITLE_	Production A	Analyst	DATE 11/28/01	
Type or print name Dianna Ro	odgers			T	elephone No. 505-623-6601	
(This space for State use)	_			~((
APPPROVED BY Olung Conditions of approval, if any:	Jung	_TITLE_	Comphance C	Officer	DATE 12-11-01	
Temporary Abandon	ad Status approved					

Temporary Abandoned Status approved until 11-05-02

