C15F

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 RECEIVED
Santa Fe, New Mexico 87504-2088

SEP 24 1991

O. C. D.

WELL API NO.	
30-015-22545	
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	L-490

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA OFF
(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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

Mobil 21 State

2. Name of Operator
Harvey E. Yates Company

8. Well No.
#2

3. Address of Operator
P.O. Box 1933, Roswell, N.M. 88202

9. Pool name or Wildcat
S. Carlsbad Morrow

4. Well Location

Unit Letter __K__ : __1980__ Feet From The __South__ Line and __1980__ Feet From The __West__ Line

Section __21__   Township __23S__   Range __27E__   NMPM   __Eddy__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3162.4 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: Perf & acidize; test [X]

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) Set CIBP @ 11,670' w/35' cmt
2) Set retainer @ 5800' to block squeeze perf ...
3) Perf & test Bone Spring interval
4) Above procedure to allow going back down hole at later date

Approval given by Darrell Moore on 9/23/91

10 ?

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

SIGNATURE _____   TITLE __Engineer__   DATE __9/24/91__

TYPE OR PRINT NAME __Tim Gum__   TELEPHONE NO. __623-6601__

(This space for State Use)

APPROVED BY _____   TITLE _____   *SUPERVISOR, DISTRICT II*   DATE __OCT 4 1991__

CONDITIONS OF APPROVAL, IF ANY: