

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
P. O. Box 1986 Hobbs, NM 88240

**DISTRICT II**  
P. O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

Well API NO.	30-015-27287
5. Indicate Type or Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VB-0407
7. Lease Name or Unit Agreement Name	LOVING 2 STATE
8. Well No.	# 1
9. Pool name or Wildcat	HERRADURA BEND, EAST

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER	2. Name of Operator Harvey E. Yates Company
3. Address of Operator P.O. Box 1993 , Roswell, NM 88202 1-505-623-6601	
4. Well Location Unit Letter B : 660 Feet From The NORTH Line and 1,650 Feet From The EAST Line Section 2 Township 23S Range 28E NMPM EDDY County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3069' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> FULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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

UPON PARTNER APPROVAL WILL OPEN ADDITIONAL PAY IN THE DELAWARE (APPROX. 6100').  
ACIDIZE AND FRAC IF SHOWS.  
PUT BACK ON PRODUCTION

RECEIVED

MAR 10 1995

OIL CON. DIV.  
DIST. 2

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

SIGNATURE Ray F. Nokes  
TYPE OR PRINT NAME RAY F. NOKES

TITLE PROD. MGR. / ENGINEER. Date 3/7/95  
TELEPHONE NO. 1-505-623-6601

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUN  
DISTRICT II SUPERVISOR

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date MAR 13 1995  
Conditions of approval, if any: