

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

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

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

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

WELL API NO. 30-025-30638
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. VB-0176

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 [X] GAS WELL [] OTHER []
2. Name of Operator Harvey E. Yates Company
3. Address of Operator P.O. Box 1933, Roswell, New Mexico 88202

7. Lease Name or Unit Agreement Name Lusk 16 State
8. Well No. #2
9. Pool name or Wildcat Undesignated west Lusk Delaware

4. Well Location Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line
Section 16 Township 19S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3604.0 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: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: Spudding & Surface casing [X]

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.
7/30/89 Spud well @ 1:45 pm, TD 14 3/4" hole @ 450' Ran 9 5/8 csg to 450', Cmtd w/500 sks "C" w/2% CaCl Circ 100 sks to pit, Tested Csg to 600 psi/30 min-Held ok, WOC 12 hrs
M. WOC-18 HRS

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Drlg Superintendent DATE 7/31/89
TYPE OR PRINT NAME NM Young TELEPHONE NO. 623-6601

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 2 1989

RECEIVED

AUG 1 1989

MOBES OFFICE