

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

WELL API NO.

30-015-23504

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-1524

7. Lease Name or Unit Agreement Name

Eddy JP State

8. Well No.

1

9. Pool name or Wildcat

Undesignated Bone Spring

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 N : 750 Feet From The South Line and 1980 Feet From The West Line

Section 36 Township 18S Range 31E NMPM Eddy County

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

3644 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: PB & Test Bone Spring ☐

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.

10-11-89: Perf'd 8845-9083 (OA) 12 holes (.41")

10-12-89: Acdz w/3000 gals 7½% SRA & 22 RCN BS.

10-14-89: Frac'd w/100,000 gals WF 40 & 175,000# 16-20 Carbolite.

10-19-89: Put on jet pump (7A combination)

10-25-89: Put on conventional pump (SN @ 9178', anchor @ 8640)

Turn over to pumper.

Post ID-2
11-3-89
PLA mor.

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 Manager/Engineer DATE 10-26-89

TYPE OR PRINT NAME Ray F. Nokes

skt TELEPHONE NO. 623-6601

(This space for State Use)

ORIGINAL SIGNED BY *[Signature]*
DATE NOV 3 1989
SUPERVISOR, DISTRICT I

APPROVED BY

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: