

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-27369
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other - Injection	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Young Deep Unit 3 Federal
2. Name of Operator Harvey E. Yates Company	6. State Oil & Gas Lease No.	8. Well Number #1
3. Address of Operator P.O. Box 1933, Roswell, NM 88202-1933	9. OGRID Number 10179	10. Pool name or Wildcat Young Bone Spring, North
4. Well Location Unit Letter <u>O</u> : 660 feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>3</u> Township <u>18S</u> Range <u>32E</u> NMPM County - <u>Lea</u>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3864.9 GR	

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: Subsequent Report ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Well Integrity ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/16/14 Ran MIT test to 440 psi for 32 minutes. Test good. Returned to injection.

Spud Date:

Rig Release Date:

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

SIGNAT

TITLE Production Analyst DATE 1/20/15

Type or print name Lori Cox E-mail address: lcox@heycoenergy.com PHONE: 575-627-2450
For State Use Only

APPROVED BY: Bill Senanah TITLE Staff Manager DATE 1/23/2015
Conditions of Approval (if any): JAN 26 2015

