

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO.	30-025-23388
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. K-1860	
7. Lease Name or Unit Agreement Name Atlantic 32 State	
8. Well Number #01	
9. OGRID Number #010179	
10. Pool name or Wildcat Buffalo; Queen	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator HARVEY E. YATES COMPANY	
3. Address of Operator PO BOX 1933 ROSWELL NM 88202	
4. Well Location Unit Letter C : 660' feet from the North line and 1,980' feet from the West line Section 32 Township 18S Range 33E NMPM County Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,754' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> We used a frac tank - no pit was necessary.	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

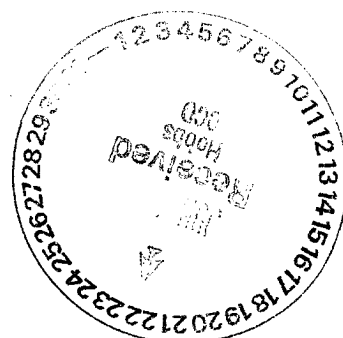
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was plugged and abandoned 6/14/06 by doing the following:

POOH w/rods. Spot 35 sx @ 4400'. Tag at 4250'.
Circ 10# mud.
Spot 25 sx @ 3070'. Tag @ 2860'.
Cut casing @ 1890' & LD csg.
Spot 40 sx @ 1953'. Tag @ 1890'. Spot 30 sx @ 1890'. Tag @ 1798'.
Spot 40 sx @ 504'. Tag @ 350'.
Spot 25 sx @ 90' to Surface.
Installed dry hole Marker.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☒.

SIGNATURE Jen Serrano TITLE Engineering Tech DATE 6/21/2006
Type or print name
For State Use Only
APPROVED BY: Gary W. Wink E-mail address: _____ Telephone No. 505.623.6601
Conditions of Approval (if any): _____ OC FIELD REPRESENTATIVE II/STAFF MANAGER
TITLE _____ DATE _____

JUN 23 2006