Submit 3 Copies To Appropriate District Office	State of New Mex		Form C-103		
<u>District I</u> 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natura	al Resources	May 27, 2004 WELL API NO		
District II	OIL CONSERVATION I	DIVISION	30-025-29193		
1301 W. Grand Ave, Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No.		
District IV 1220 S. St. Francis Dr, Santa Fe, NM					
87505	CEC AND DEDODTE ON WELLS		L-1784		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		AMOCO EAST 2 STATE			
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other /			8. Well Number #4		
2. Name of Operator Harvey E. Yates Company			9. OGRID Number 010179		
2 Address of Operator			10. Pool name or Wildcat		
PO BOX 1933 ROSWELL NM 88202-1933 505/623-6601			YOUNG BONE SPRING, NORTH		
4. Well Location					
Unit Letter 0 :	660 feet from the SOUTH	line and	1980 feet from the EAST line		
Section 2 \square	Township 18S 🗸 Ran	<u> </u>	NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3877.7' GL					
Pit or Below-grade Tank Application O	r Closure 🔲				
Pit typeDepth to Groundwa	terDistance from nearest fresh wat	ter well Dista	ance from nearest surface water		
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Cor	nstruction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			<u>-</u>		
TEMPORARILY ABANDON					
FULL OR ALTER CASING	MOLTIFLE COMPL []	CASING/CEIVIEN I	JOB 📙		
OTHER: COMPLETED REMOVAL			FOR INSPECTION FROM OCD		
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.					
Equipment has been removed, Caliche will be removed on Monday, 4/21/08 after that we are ready for the inspection from OCD.					
Equipment need bear named as it is not be not been all and the are need to the inspection from GGB.					
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I hereby certify that the information above is true and compl	lete to the best of my knowledge and belief	f. I further certify that any pit or below-				
grade tank has been/will be constructed or closed according to NMOCD guidelines 🔲, a general permit 🗍 or an (attached) alternative OCD-approved plan 🔲.						
SIGNATURE aug l. July	TITLE PRODUCTION ANALYST	DATE 4/16/08				
Type or print name For State Use Only	E-mail address: tlink@heycoenergy.com	Telephone No. 505.623.6601'				
COMPLIANCE OFFICER		1/20/20				
APPROVED BY:	TITLE	DATE 41, 28,00				
Conditions of Approval (if any):						

oval (if any):