Submit I Copy To Appropriate District Office District I 1632 N. Court D. (L. H. D. M. 1924)	Form C-103 October 13, 2009
District II 1301 W. Grand Ave., Artesia, NM 882 MAY 2 PONSERVATION DIVISION	WELL API NO. 30-025-03442
1000 Rio Brazos Rd. Aztec NM 87410 T220 South St. Francis Dr.	5. Indicate Type of Lease STATE STEE FEE
District IV 1220 S. St. Francis Dr., Santa-Fe, NM RECEIVED 87505	6. State Oil & Gas Lease No. E 759
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 2-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name Wilson State
1. Type of Well: Oil Well Gas Well Other	8. Well Number 2
2. Name of Operator Harvaed Petroleum Co., LLC	9. OGRID Number 010155
3. Address of Operator P.O. Box 936, Roswell, NM 88202-0936	10. Pool name or Wildcat
4. Well Location	Eumont/Yates Seven Rivers Queen 22800
Unit LetterB :660feet from theNorthline andle	650 Fact Country to
Section 11 Township 21S Range 35E-	
11. Elevation (Show whether DR, RKB, RT, GR, etc., 3575 RKB	NMPM : Lea County
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING REMEDIAL WORK	
TEMPORARILY ABANDON / CHANGE PLANS COMMENCE DRILLING OPNS. PAND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	T JOB
DOWNHOLE COMMINGLE	,
OTHER: OTHER:	
 Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Cor proposed completion or recompletion. 	d give pertinent dates, including estimated date impletions: Attach wellbore diagram of
5/27/11 – RU PU, TOH w rods and 2 3/8 tubing. TIH csg scraper, TOH, LI	Saranar Darfayata 27002 20302
4 shots/ft. Acidize perfs with 500 gals, 10% HCL. TIH w tubing, rods and pump. Place well on production.	
	HOBBS OCD
MAY 2 7 2011	
*	, RECEIVED
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Manager	DATE5/26/11
Type or print nameJeff Harvard E-mail address:jharvard@hpcr For State Use Only	nm.com PHONE: _575-208-7135
APPROVED BY: AMJOL TITLE TITLE	ISOF DATE MAY 2-7 2011
Conditions of Approval (if any):	