N OF LOPIES RECEIVE	s ,					Form C - Superse	
CISTRIBUTION						C-102 a	nd C•103
SANTA FE		NE	W MEXICO OIL CO	ONSE	RVATION COMMISSION	Effectiv	e 1-1-65
FILE					•	En Indiagra	Type of Lease
.s.g.s.					•	l r	Fee []
LAND OFFICE						State _	& Gas Lease No.
OPERATOR						_	& Gds Lease No.
OPERATOR					· · · · · · · · · · · · · · · · · · ·	Fee	mm
A IDO NOT USE TH	SUNDR	Y NOTICES	AND REPORTS	ON V	VELLS CK TO A DIFFERENT RESERVOIR. PROPOSALS.)		
	JSE "APPLICAT	ON FOR PERMIT	(FORM C-TOT) FOR	SOCH	PROFESSION	7. Unit Agr	eement Name
METE X	WELL	OTHER-				8, Farm or	Lease Name
Harvey E. Yates Company, Inc.						Graves	
- i Cretator			,			9, Well No.	
Suite 1000 Se	curity Na	tional Ba	nk Bldg., Ro	swe	11, N.M. 88201	#3	mai s alideat
i est fued	1	080	Sout	h	LINE AND 660 FEET F	Cato-	San Andres
					•		
West	LINE, SECTI	on <u>6</u>	TOWNSHIP8	8 <u>S</u>	RANGE 31E NA	лРМ. ()	
minimize	mm		Elevation (Show who			12. County	
		Willin .	4165.8			Chave	s ///////
16.		777777	Day To Indian	to N	ature of Notice, Report or	Other Data	
	Check OTICE OF I	Appropriate	TO:		SUBSEQU	ENT REPOR	r of:
			PLUG AND ABANDON	\Box	REMEDIAL WORK	,	ALTERING CASING
PERFORM REMEDIAL WO	AK 🔛		PLUG AND ABANDON		COMMENCE DRILLING OPNS.	*	PLUG AND ABANDONMENT
TEMPORARILY ABANDON				\Box	AND STAFFIT IOR		
PULL OR ALTER CASING			CHANGE PLANS	LJ ;	OTHER Run product	tion casin	g and deviatio
				\Box	OTALK		survey
OTHER				ـــا			
	or Completed C	perations (Clea	rly state all pertine	nt dete	ails, and give pertinent dates, inclu	uding estimated (tate of starting any prof
work) SEE RULE	1103.	•					
					0.5" 0.1 P.2 (2	and ancing	Set in
3-18-77	Ran 100	Joints (3	3766') 4 1/2	_, 1	0.5#, 8rd, R-2 & 3 us	seu Casing 7 6# Solt	500 gal
	cement (a 3778' wi	ith 275 Sx C.	lass	C, 2% Ge1, 50-50 PO	Z, Or Sale	down
	mud swee	ep ahead o	of cement.	250	gal acid behind plug	. riugged	down
	10:45 P	M 3-18-77	•				
			D too	+ o.d	casing @ 2000# for 3	O minutes.	OK.
	WOC 108	Hours.	ressure tes	tea	casing e 2000# for 5	J	
					•		•
				. he	of my knowledge and belief.		
is I hereby certify the	hat the informati	on above is true	and complete to th		of my knowledge and belief.		
		4 - 3			Vice President	DATE	March 21, 19
SIGNED	<u>:</u>	·		E			
			a by				مصريحي (
			12			DATE	
			TIT =	E			

CONDITIONS OF APPROVAL, IF ANY

Care Laboratory Control of the Sil Compa, Polis