

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG-6467	

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Harvey E. Yates Company		
3. Address of Operator		9. Well No.
P. O. Box 1933, Roswell, New Mexico 88201		2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM		Wildcat
THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>13S</u> RANGE <u>36E</u> N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
13,550		Lea

16. 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"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change in well name

17. 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.

3/31/82 We would like to change the name of the above described well from the Richardson State #1 (C-101) to the Richardson Unit #2.

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

SIGNED A. J. Deans TITLE V. P. of Operations DATE 3/31/82

APPROVED BY _____ TITLE _____ DATE APR 12 1982

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
RECEIVED

APR 9 1982
APR 1 1982

O.C.D.
O.C. HOBBS OFFICE
HOBBS OFFICE