

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P. O. Box 1980 Hobbs, NM 88240

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P. O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

Well API NO. 30-025-28792
5. Indicate Type or Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GOODRICH UNIT
8. Well No. 1
9. Pool name or Wildcat Wildcat LEA UNIT: MISSISSIPPIAN

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL WELL OTHER	2. Name of Operator Harvey E. Yates Company
3. Address of Operator P.O. Box 1993, Roswell, NM 88202 1-505-623-6601	4. Well Location Unit Letter J : 1,980 Feet From The SOUTH Line an 1,980 Feet From The EAST Line Section 11 Township 15S Range 35E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3982.3' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: REPLACING PACKER & PACKER INTEGRITY TEST <input checked="" type="checkbox"/>

12. 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

7-31-93 FINISH GIH WITH TOTAL OR 416 JTS. TBG. SET 5 1/2" LOK-SET
AT 12,685'. ND BOP NU WH. TEST PACKER TO 500# FOR 30 MINUTES.
SEE ATTACHED COPY OF CHART.

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

SIGNATURE Ray F. Nokes TITLE PROD. MGR. / ENGINEER Date 8/6/93
TYPE OR PRINT NAME RAY F. NOKES TELEPHONE NO. 1-505-623-6601

(This space for State use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Approved by

Conditions of approval, if any:

Title

Date

AUG 12 1993

