## Submit 3 Copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office
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DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-23388

DISTRICT II Santa Fe, New Mexico 8/504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. K-1860
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL OTHER	Atlantic 32 State
Name of Operator     Harvey E. Yates Company	8. Well No. #1
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 1933, Roswell, New Mexico 88202	Corbin Bone Spring South
4. Well Location  Unit Letter C: 1980 Feet From The West Line and 660	Feet From The <u>North</u> Line
Section 32 Township 18S Range 33E M	VMPM Lea County
X/////////////////////////////////////	
11. Check Appropriate Box to Indicate Nature of Notice, Re	
NOTICE OF INTENTION TO: SUB:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING   CASING TEST AND CE	MENT JOB L
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.	
9.5# Gel between plugs  1.) Set 4 1/2" CIBP 50' above perfs @ 9662'-9740', plus 3.  2.) If possible cut & pull 9000' 4 1/2". If successful sinside stub. (Plug from 9050-8900'). Tag plug to en 8950' (TAG)***  3.) Pump 100' plug @ 7000'  4.) Pump 150' plug from 4900' to 4750' (TAG)*** (cover Plug should not be deeper than 4800'.  5.) Test Queen	pot 150' plug starting 50'
(NOTE: Verbal approval by Eddie Seay, 7:00 am 10/29/90 -R	FN)
I hereby ceruly that the information above is true and complete to the best of my knowledge and belief.	
SKONATURE (ay / Ray F. Nokesme Prod Mer/E	ing DATE 10/29/90
TYPE OR PRINT NAVE	TELEPHONE NO.
(This space for State Use) The State Use State	
TITLE	DATE