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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: L-201

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.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

Name of Operator: Harvey E. Yates Company

8. Farm or Lease Name: Hanlad State

Address of Operator: P. O. Box 1933, Roswell, New Mexico 88201

9. Well No.: 1

Location of Well: UNIT LETTER K, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 2, TOWNSHIP 18S, RANGE 35E, NMPM.

10. Field and Pool, or Wildcat: Wildcat

15. Elevation (Show whether DF, RT, GR, etc.): 3906' GL

12. County: Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Production casing and test [X]

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.

8-27-77 Ran 117 joints (4689.12') 4 1/2" OD, 9.5#, J-55, 8 rd ST&C casing set at 4699' KB and cemented in 2 stages - 1st stage: 550 Sx 50-50 POZ w/6# Salt and 1/2% CFR2 per sack. 2nd stage: 500 Sx Hailiburton Lite w/9# Salt and 1/4# Flocele per sack.

8-29-77 Rigged up well service unit.

8-30-77 Pressure tested 4 1/2" casing to 1500#. OK.

Deviation survey also included

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

SIGNED: Ed Yates TITLE: Vice President DATE: September 7, 1977

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: