Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980,	Hobbs,	NM	88240
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OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088		30-025-27387		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 8	37504-2088	5. Indicate Type of Lease STATI	EX FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. L-6309			
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 Agreen	nent Name			
1. Type of Well: Oil GAS WELL X WELL	OTHER		State HS			
2. Name of Operator	VIII.		8. Well No.			
Harvey E. Yates Company	y		1			
3. Address of Operator			9. Pool name or Wildcat	~/		
P.O. Box 1933, Roswell	, New Mexico 88202		U ndesignate d Bo	ne Spring		
4. Well Location Unit LetterK :1980_	Feet From The <u>South</u>	Line and198	80 Feet From The	West Line		
Section 9	Township 18S Ran	nge 34E	NMPM LEA	County		
Section 9	10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)				
11. Check Ap	propriate Box to Indicate N	Nature of Notice, R	eport, or Other Data			
NOTICE OF INTE			SEQUENT REPORT	ΓOF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	G CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	3 OPNS. PLUG AN	D ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CI	<u></u>			
OTHER: Squeeze off Bone S	pring, Re-open X	OTHER:				
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	WOLL CAMP (Clearly state all pertinent details, and	nd give pertinent dates, inclu	iding estimated date of starting an	ry proposed		
1. Squeeze off perfs	, 8410-28 & 8050-54',	, Drill out & te	est squeeze.			
2. Drill out cement	retainer & cement fro	om 10,450' to 10	0,578' plus.			
3. Drill out CIBP @	11,050'.					
4. Squeeze perfs 11,	110-11,120', Drill ou	ıt & test squee:	ze.			
5. Perf & test Wolfc	amp & Bone Springs.					
I hereby certify that the information above is true as	\ A#	d belief. The <u>Production Mo</u>	gr./Engineer	8/29/90		
SIGNATURE TYPE OF PRINT NAME Ray F. NO.				HONE NO.		
TYPE OR PRINT NAME RAY F. NO.						
(This space for State Use)				· · · · · · · · · · · · · · · · · · ·		
		m.e	DATE			
APPROVED BY						
CONDITIONS OF APPROVAL, IF ANY:						