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 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-30058		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		5. Indicate Type	of Lease STATE X		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & G V 1358	<del></del>	FEE
( DO NOT USE THIS FORM FOR PROP DIFFERENT RESERV	CES AND REPORTS ON WIPOSALS TO DRILL OR TO DEEPE POSALS TO DRILL OR TO DEEPE POR. USE "APPLICATION FOR P 01) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A		or Unit Agreement Na	une
1. Type of Well: Oil. GAS WELL MELL OTHER			French 36 State		
2. Name of Operator Harvey E. yates Company			8. Well No.	<del></del>	
3. Address of Operator P.O. Box 1933, Roswell, New Mexico 88202			9. Pool name or Wildcat Querecho Plains Lower Bone Spring		
4. Well Location			Querecho P.	tains Lower Bor	me Spring
Unit Letter D: 660	Feet From TheFNL	Line and	Feet From	m TheFWL	Line
Section 36			NMPM Lea		County
	10. Elevation (Show whether 3729 GL (16' KB				
ii. Check A	ppropriate Box to Indicate	Nature of Notice, R	eport, or Othe	r Data	
NOTICE OF INTE	INTENTION TO: SUB			REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK		ALTERING CASIN	√G [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABAN	IDONMENT .
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:	•		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details,	and give pertinent dates, include	ting estimated date of	of starting any propos	ed
1. Plug #1 - 5 1/2" CIBP @ 2. Plug #2 - 100' cmt acro 3. Cut 5 1/2" @ +/- 2000' a 4. Plug #3 - 100' plug @ 1 5. Plug #4 - 100' plug acro 6. Plug #5 - 10 SXS plug @ 7. Clean location.	ss shoe @ 3115' (3065 - 3 and pull. (100' plug-50' 300' (top of Salt). oss surface shoe from 350	165' plug) in & out of cut off a ' to 450'.			
call OCD 24 hours prior to 1	P & A				
				3. 3. 3. 4.	
**APPROVED AS PER PAUL KAUT	<u>Z</u>			j:	
I hereby certify that the information above is true an	nd complete to the best of my knowledge an	d belief.			
SIGNATURE Any	7	TE Production Manage	er/Fngineer	DATE April	4. 1989
TYPE OR PRINT NAME Ray F. Nokes		505-623-6601		skh Telephone no.	<del></del>
(This space for State Use) ORIGINAL SIGNED APPROVED BY DISTRICT 1 S	SUPERVISOR	ne —		APR	6 1989
CONDITIONS OF APPROVAL, IF ANY:	M			— DATE ———	

RECEIVEL!

APR 5 1989

OCD HOBBS BELLS