Submit 3 Copies to Appropriate District Office

State of New Mexico Ene..., Minerals and Natural Resources Department

Form C-103

District Office		XXIII
3 5 1000 II II - NTA 00340	RVATION DIVISION O. Box 2088	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS		30-025-30638 / 5. Indicate Type of Lease
		STATE X FEE L
		6. State Oil & Gas Lease No. VB - 0176
		<i>∀////////////////////////////////////</i>
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF DIFFERENT RESERVOIR. USE "APPLICA" (FORM C-101) FOR SUCH PROF	TION FOR PERMIT" .	. 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER		Lusk 16 State
2. Name of Operator		8. Well No.
Harvey E. Yates Company		#2
3. Address of Operator P.O. Box 1933 Roswell, NM 88202		9. Pool name or Wildcat West, Lusk Delaware
4 Well Location		
Unit Letter : Feet From The	South Line and	330 Feet From The West Line
Section I Ownship	19S _{Range} 32E	NMPM Lea County
10. Elevation	(Show whether DF, RKB, RT, GR, etc.)	
Charle Appropriate Roy (o Indicate Nature of Notice	Report or Other Data
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT		•
PERFORM REMEDIAL WORK PLUG AND ABA		ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS		
PULL OR ALTER CASING CASING TEST AND C		
	r	<u></u>
OTHER:	OTHER:	
 Describe Proposed or Completed Operations (Clearly state all pework) SEE RULE 1103. 	rtinent details, and give pertinent dates, in	cluding estimated date of starting any proposed
4-1-93 Dump 50' cement on previous		
4-1-93 Set CIBP @ 4800' - dump 50'	cement on top.	
4-2-93 Spot 25 sxs @ 2776' - 2526' 4-2-93 Spot 25 sxs @ 938' - 688'		
4-2-93 Spot 10 sxs @ 100' - surface	9	
Install Circulat	dry hole marker ce mud	
2220424		
I hereby certify that the information above is true and complete to the best of	my knowledge and helief	
SIGNATURE Sim W. Burn	σ_{i}	er 4-19-93
SIONATURE STEPPE CONTROL STATE OF THE STATE	11112	
TYPE OR PRINT NAME		TELEPHIONE NO.
(This space for State Use)	OILS 37	PERCECTOR PERCENTER
APPROVED BY Johnsy Rolling	тпе	ار بن الله الاحتجاب المحتجاب
CONDITIONS OF AFFROVAL IF ANY:		_

