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

Type of Well:

WELL X

2. Name of Operator

3. Address of Operator

4. Well Location

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Harvey E. Yates Company

P.O. Box 1933, Roswell, N.M.

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m L}_{-}$: 1650 Feet From The -

Township

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88202

19S

South

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30638 5. Indicate Type of Lease STATE FEE ! 6. State Oil & Gas Lease No. VB-0176 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name Lusk 16 State B. Well No. #2 9. Pool name or Wildcat West Lusk Delaware

Feet From The ___

West

Lea

Line

County

Section	10. Elevation (Show)	F, RKB, RT, GR, etc.)				
11. NOTICE O	Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING			REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JO	X 	ALTERING CASING PLUG AND ABANDONMENT	
ОТНЕЯ:			OTHER:			

Range

330

NMPM

_ Line and _

32E

12. 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.

POOH, Set CIBP @ 6475'; Perf Delaware 4884-5106' (oa) 14 holes · 6/12/92

Acdz w/3500 gals 10% SRA & RCN BS 6/13/92

SUNDRY NOTICES AND REPORTS ON WELLS

DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

Frac perfs 4884-5106' w/22,500 gals 30# X-link & 37,500# 16/30 ottawa 6/16/92

Run SN to 5207', TAC @ 4752'; Run pmp & rods; Hang on production. 6/17/92

in the best of my knowledge and belief. I hereby certify that the information above is true and complete Prod. Mgr TITLE SIGNATURE . TELEPHONE NO. 623-6601 Ray F. Nokes TYPE OR PRINT NAME (This space for State Use), 11/1/ 6 3 3 超3.1 x 8. APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY: