Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Munerals and Natural Resources Department

Form C-103 Revised 1-1-89

$\Omega\Pi$.	CONSE	RVA'	TION	DIVIS	ION

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.			
DISTRICT II	Santa Fe, New Mexico	-	30-025-30712			
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE					
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No. V-1266					
SUNDRY NOT						
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE (FORM)	7. Lease Name or Unit Agreement Name					
1. Type of Well:						
OF MET A MET C	OTHER		Buffalo 2 State			
2. Name of Operator Harvey E. Yates	Company		8. Well No. #1			
3. Address of Operator	- Company		9. Pool name or Wildcat			
P.O. Box 1933,	Roswell, New Mexico	88220	Southeast Buffalo Bone Springs			
4. Well Location	20 - 1					
Unit LetterK :19	80 Feet From The South	Line and1980	O Feet From The West Line			
Section 2	Township 19S Ra		NMPM Lea County			
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	10. Elevation (Show whether a					
Check			eport, or Other Data			
	• • •	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT X			
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB			
OTHER:		OTHER:				
work) SEE RULE 1103.		I d give pertinent dates, inclu	ding estimated date of starting any proposed			
TO	· 103 °		•			
4/26/90 RD c	able tool					
Inst	30 sk Class "C" plug to all dry hole marker complete @ 2:00 pm 4/26	-				
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: 12. Describe Proposed or Completed Openork) SEE RULE 1103. 7-3 4/26/90 RD of Set Inst	Appropriate Box to Indicate Intention TO: PLUG AND ABANDON CHANGE PLANS Tations (Clearly state all pertinent details, and about the cool of the coo	Nature of Notice, Round SUB REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CE OTHER: de give pertinent dates, included give pertinent dates.	SEQUENT REPORT OF: ALTERING CASING OPNS. PLUG AND ABANDONMENT EMENT JOB			

I hereby certify that the information above is true and complete to the best of my knowledge at	d belief.				
•		duction Secretary	DATE 4	/30/90	
TYPEOR PRINT NAME Vickie Teel			TELEPHONE !	10 623	-6601
(This space for State Use) APTROVED BY fack Griffing T		& GAS INSPECTOR	M M	AY 2	4 1990
CONDITIONS OF APPROVAL, IF ANY:					

RECEIVED

MAY 1 1990

OCD HOBBS OFFICE