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
P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO.
30-025-31353

5. Indicate Type of Lease   STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
V-2040

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 Agreement Name

FKay 28 State

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

8. Well No.
#2

2. Name of Operator
Harvey E. Yates Company

3. Address of Operator
P.O. Box 1933, Roswell, N.M. 88202

9. Pool name or Wildcat
Tonto Deep Wolfcamp

4. Well Location

Unit Letter __P__ : __660__ Feet From The __South__ Line and __660__ Feet From The __East__ Line

Section __28__   Township __18S__   Range __34E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4012.7 GL

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER:___drlg_____ [X]

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.

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10/19/91  Drilled 7' w/cable tool rig, TD @ 17'
11/6/91   Drilled 9' w/cable tool rig, TD @ 26'
11/23/91  Drilled 8' w/cable tool rig, TD @ 34'
12/11/91  Drilled 4' w/cable tool rig, TD @ 38'
12/28/91  Drilled 6' w/cable tool rig, TD @ 44'
1/15/92   Drilled 9' w/cable tool rig, TD @ 53'
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____Vickie Teel_____ Vickie Teel   TITLE Production Analyst   DATE _____

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL

JAN 2 3 '92

APPROVED BY_____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: