

OIL CONSERVATION DIVISION

DISTRICT I
P. O. Box 1980 Hobbs, NM 88240

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

Well API NO.	30-025-31526
5. Indicate Type or Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-2252
7. Lease Name or Unit Agreement Name	EKAY 27 STATE
8. Well No.	1 (SWD)
9. Pool name or Wildcat	STRIP BONE SPRING

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.)

1. Type of Well OIL <input type="checkbox"/> GAS <input type="checkbox"/> SWD WELL WELL OTHER	2. Name of Operator Harvey E. Yates Company
3. Address of Operator P.O. Box 1993, Roswell, NM 88202 1-505-623-6601	4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 27 Township 18S Range 34E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4012.5 GR.	

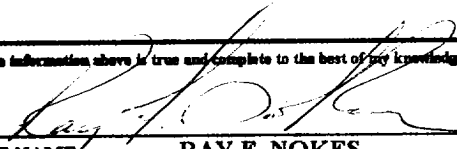
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: BRADENHEAD TEST <input type="checkbox"/>

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

PLEASE FIND ATTACHED A COPY OF THE CHART FOR THE BRADENHEAD TEST
RUN ON 3-22-94 AS PER INSTRUCTION OF OCD I (HOBBS).

TEST WAS STARTED @ 8:55 AM & FINISHED @ 9:10 AM.
TEST WAS WITNESSED BY GARY W. WINK FROM OCD I.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE PROD. MGR. / ENGINEER. Date 3/25/94
TYPE OR PRINT NAME RAY F. NOKES TELEPHONE NO. 1-505-623-6601

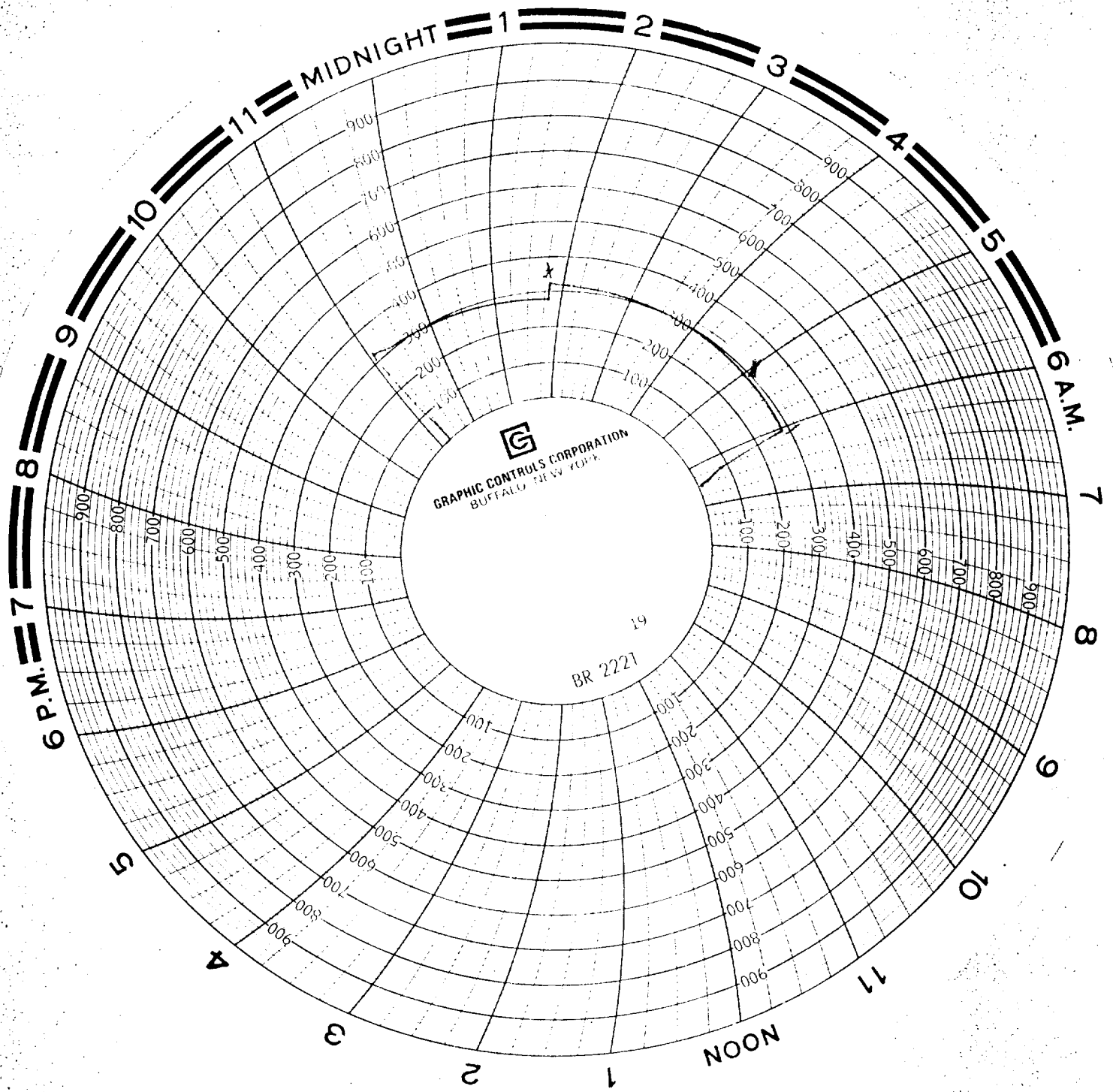
(This space for State use)

Approved by _____ Title DISTRICT I SUPERVISOR Date MAR 29 1994
Conditions of approval, if any: _____

RECEIVED

MAR 23 1964

GOVERNMENT
OFFICE



RECEIVED

MAR 28 1994

**U.S. DEPT. OF JUSTICE
OFFICE**

EK 27-1

START 8:55

FINISH 9:10

Ray W. Wink

N MOCCO

3-22-94

RECEIVED

MAR 23 1994

**GOVERNMENT
OFFICE**