## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C	-10	3
Revis	ы	1-1	-8

District Office			
DISTRICT 1 P.O. Box 1980, 110654, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30-025- <del>31567</del>		
DISTRICT II P.O. Drawer DD, Ariesia, NM 88210  Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-2255		
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		
1. Type of Well: OIL OAS WELL X WELL OTHER	EKay 27 State		
2. Name of Operator 5	8. Well No.		
Harvey E. Yates Company	9. Pool name or Wildcat		
3. Address of Operator	Undes. Bone Spring		
P.O. Box 1933, Roswell, N.M. 88202	_		
I boil letter M : 600 Feet From The Bodd T Interaction	60 Feet From The West Line		
196	NMPM Lea County		
Section 27 Township 185 Range MMrM  Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data		
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
DENEDIAL WORK	ALTERING CASING		
PERFORM REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	<u></u>		
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB		
OTHER: Sqz & return to test Bone Spring X OTHER:			
OTHER:	ecluding estimated date of starting any proposed		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, is work) SEE RULE 1103.	scianing silvania and system		
Sqz perfs: 5662-64' & 5698-5708' (oa). Set 2nd retainers & cement; test to 1000#. Proceed 9050' & CIBP @ 9210'. Test all Bone Spring perfs to possible completion.	iner & sqz perfs 4865-67'. d to drill out cmt & CIBP together to evaluate for		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	Mar. 9/10/92		
Ray Nokes mrs Drlg/Prod	Mgr. 9/10/32		
SIGNATURE	<b>ТЕГЕРНОМЕ НО.</b> 623-6601		
TYPE OR PRINT NAME Ray Nokes			
(This mace for State Use)	CED 1 King		
(This space for State Use) ORIGINAL SIGNED BY JENNY SEXTON	SEP 15 '92		
APPROVED BY	DAIL		
CONDITIONS OF APPROVAL, IF ANY:			

RECEIVED

SEP 1 4 1992

OCD HOBBS OFFICE