Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

state of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Ω	CONSER	VA	TION	DIVISI	ON

District Office				~	N 7				
OIL CONSERVATION DIVISION P.O. Box 2088					WELL API N	WELL API NO. 30-025-31567 31526			
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210						5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Azie	& Gas Lesse No.								
		TO AND DEBOE	TO ON WEI						
THE THE PART OF THE PART OF	NDRY NOTICI ORM FOR PROPI ERENT RESERVO (FORM C-10	O A 7. Lease Na	7. Lease Name or Unit Agreement Name						
1. Type of Well: Oil. WELL X	GAS WELL	on	1@X			27 State			
2. Name of Operator					8. Well No.				
Harvey E. Y	ates Compai	<u>ny</u>			9. Pool nan	se or Wildcat			
3. Address of Operator P.O. BOX 19	33, Roswell	l, N.M. 882	02		Airst	rip Bone Spring			
10 10 10 10 10 10 10 10 10 10 10 10 10 1		Feet From The		Line and	660 Fee	t From The West	Liae		
27		Township 18	va.	inge 34E	NMPM	Lea	County		
Section 27		10. Elevation	a (Show whether	DF, RKB, RT, GR, &	ic.)				
		////		401.2.5		Other Data			
11.			to Indicate	Nature of Noti	ce, Report, or (NT REPORT OF:			
NOTI	CE OF INTE	ENTION TO:	F		SOBSEGUE	_	<u>.</u> ر		
PERFORM REMEDIAL V	VORK	PLUG AND ABA	ANDON L	REMEDIAL WO	RK	ALTERING CASIN	_		
TEMPORARILY ABANDO	ON 🔲	CHANGE PLAN	ıs 🗌	COMMENCE DE		PLUG AND ABAN	IDONMENT L		
PULL OR ALTER CASIN			•	CASING TEST	AND CEMENT JOB	X	_		
OTHER:			□	OTHER:					
12. Describe Proposed or work) SEE RULE 110	Completed Operation	ons (Clearly state all p	enineni delails, a	nd give pertinent dat	es, including estimated	date of starting any propos	ued		
	TD 7 7/8"	hole @ 9450	', 12:30 a	am 5/22/92		•			
5/24/92	Cmtd w/140	cs 5 1/2" 17 00 sks 65/35 am 5/24/92) pm 5/24/92	"H" poz	et @ 9450' + 225 sks Cl	. "Hu				
I hereby certify that the info	- ·	and complete to the best	of my knowledge an	d belief. Prod/D	rlg Analyst	5/2	28/92		
SIGNATURE	<u>alia</u>	<u> </u>	Ti	mu:	······································		623-6601		
TYPE OR PRINT NAME	Vickie Te	el				(ELEPTIONE NO.			
(This space for State Use)		TO OK RAY				11.15	a n amo		
				mæ		DATE	y 0 2 ' 92		
APTROVED BY									

RECEIVED JUN 0 1 1992

OCD HOBBS OFFICE