

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	WELL API NO. 30-025-31954
2. Name of Operator Harvey E. Yates Company	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. Box 1933, Roswell, N.M. 88202	6. State Oil & Gas Lease No. V-2040
4. Well Location Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East Line Section 28 Township 18S Range 34E NMMPM Lea County	7. Lease Name or Unit Agreement Name EKay 28 State
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4019.8	8. Well No. #3
	9. Pool name or Wildcat Dios Mano Bone Spring

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Completing <input checked="" 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.

SEE ATTACHMENT FOR DETAILS

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

SIGNATURE Vickie Teel TITLE Drilg/Prod Analyst DATE 8/4/93

TYPE OR PRINT NAME Vickie Teel TELEPHONE NO. _____

(This space for State Use)

Orig. Signed by
Paul Rautz
Geologist

APPROVED BY _____

TITLE _____

DATE AUG 06 1993

CONDITIONS OF APPROVAL, IF ANY: