

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.

30-025-32964

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-201-2

7. Lease Name or Unit Agreement Name

Buckeye 2 State

8. Well No.

#1

9. Pool name or Wildcat

Reeves, 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
WELL ☐

GAS
WELL ☐

OTHER P&A

2. Name of Operator

Harvey E. Yates Company

3. Address of Operator

P.O. Box 1933, Roswell, N.M. 88202 505/623-6601

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1650 Feet From The East Line

Section 2 Township 18S Range 35E NMPM Lea County

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

3896'

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: ☐

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.

6/21/95 TD 7 7/8" hole @ 9282'

6/23/95 P&A well as follows:

Set 40 sk plug @ 8450-8550'

Set 40 sk plug @ 6120-6220'

Set 40 sk plug @ 5030-5130'

Set 60 sk plug @ 3450-3550'

Set 40 sk plug @ 1750-1850'

Set 10 sk plug @ surface

Cut off well head & Install dry hole marker

RR @ 11:30 pm 6/23/95

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

SIGNATURE

Bob Williams

TITLE

Drlg Superintendent

DATE

7/3/95

TYPE OR PRINT NAME

Bob Williams

TELEPHONE NO. 505/623-6601

(This space for State Use)

APPROVED BY

Camy M. Lipp

TITLE

DATE

OCT 13 1995

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUL 12 1995
U.S. DEPT. OF JUSTICE
OFFICE