State of New Mexico

Form C-103

Minerals and Natural Resources Department to Appropriate District Office Enei Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-33465 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE L 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. V-3472 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL WELL onen P&A Flint Unit 2. Name of Operator 8. Well No. Harvey E. Yates Company 3. Address of Operator 9. Pool name or Wildcat Wildcat P.O. Box 1933, Roswell. N.M. 88202 4. Well Location 2310 Feet From The North Line and 330Feet From The West Unit Letter _ Township 18S Range 36E Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB TD OTHER: 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. TD 9175' 7 7/8" hole @ 12:15 pm 7/9/96 Ran standard logs, sidewall cores & DST 7/12/96 P&A well as follows: 40 sk plug @ 8250-8350' 40 sk plug @ 6324-6424' 40 sk plug @ 5666-5766' 40 sk plug @ 5440-5540' 70 sk plug @ 4400-4500' 100 sk plug @ 3300-3400' 30 sk plug @ 1878-1978' 10 sk surface plug, cut off WH & install dry hole marker RR @ 2:00 pm 7/13/96 I hereby cerufy that the information above is true and complete to the best of my knowledge and belief. Production Analyst 7/17/96 SKINATURE -Vickie Teel TELEPHONE NO. TYPE OR PRINT NAME



(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:



DATE