Submit 3 Copies To Appropriate District				Form C-103		
Office Energy, Minerals and Natural Reso			al Resources	Revised March 25, 1999 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240				30-025-35009		
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
District III	strict III 2040 South Pacheco			STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
2040 South Pacheco, Santa Fe, NM 87505						
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement		
(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				Name:		ļ
PROPOSALS.)	THORTORIDAMIT (FORM		. 20 011			
1. Type of Well:				Gazelle 32 State		
Oil Well Gas Well Other				8. Well No.		
2. Name of Operator  Harvey E. Yates Company				1		
3. Address of Operator				9. Pool name or Wildcat		
l <u>-</u>	202			Corl	oin Morrow South	
4. Well Location						
Unit Letter M :	660 feet from the	South	line and	660 feet f	rom the West	line
Unit Letter <u>M</u> :		_ Boutin				
Section 32	Township				APM <i>Lea</i> Cour	nty
	10. Elevation (Show	whether D. <b>3718</b>		etc.)		
11 Check A	ppropriate Box to In			Report or Oth	ier Data	
NOTICE OF IN			SUI	BSEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK		۷ 🔲	REMEDIAL WO	RK [	ALTERING CASIN	1G □
TEMPODADII V ABANDON .	CHANGE PLANS		COMMENCE D	RILLING OPNS.[	PLUG AND	
TEMPORARILY ABANDON		_			ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	AND L	_	
	COMIT EL TION			O 16 D D		নে
OTHER:	(0)	4-4		Security Drawing		
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. For Multiple Completions: Attach wellbore diagram of proposed completion						
or recompilation.	). BLE ROLL 1103. 10	i manipie	Compronous: 1200		, I	
or recompilation.						
					andia Duanina	
Harvey E. Yates Company would like to submit the attached Site Security Drawing						
for your reco	rds.					
		1 -4 - 4 - 41-	- t c mu lma	wladge ded balief		
I hereby certify that the information	on above is true and con	ipiete to th	e best of my know	Nieuge and belief.		
SIGNATURE MILANA	Radgers	TITLE_	Produc	tion Analyst	DATE <i>03/07/20</i>	02
Type or print name Dianna	Rodgers			Tele	ephone No. 505-623	-6601
(This space for State use)	0			120,	MAR 1 9 200	2
•		TITLE	ORIGINAL S	IGNED BY	DATE	L
APPPROVED BY		· · · · · · · · _	PAULF	KALLIZ		
PETROLEI						
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