State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-35237 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 🔀 **FEE** 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 K-1860 Lease Name or Unit Agreement SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Atlantic 32 State Oil Well Gas Well Other 2. Name of Operator Well No. Harvey E. Yates Company Pool name or Wildcat 3. Address of Operator P.O. Box 1933, Roswell, New Mexico 88202 **Corbin Morrow South** 4. Well Location 780 : **1,980** feet from the line and feet from the West line Unit Letter North County **NMPM** Section 32 Township **18S** Range 33E Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,744 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND **TEMPORARILY ABANDON** CHANGE PLANS **ABANDONMENT** MULTIPLE CASING TEST AND PULL OR ALTER CASING COMPLETION **CEMENT JOB** \boxtimes OTHER: OTHER: TD/REL RIG 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. TD @ 13,650' @ 6:30 pm. 9/16/2001 Run 320 jts 5 1/2" 17# & 20# N-80, S-95 & P-110 csg. TP = 13,654.02', set @ 13,650'. Cement 9/22/2001 w/1,030 sxs Class "H" w/3% KCL. PD @ 5:00 p.m. Rig released @ 10:00 pm. I hereby certify that the information above is true and complete to the best of my knowledge and belief. daess title **SIGNATURE Production Analyst** DATE **Dianna Rodgers** Type or print name Telephone No. 505-623-6601 (This space for State use) ORIG TITLE APPPROVED BY Conditions of approval, if any: