

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. LG-1784	

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator Harvey E. Yates Company		8. Name of Lease Name Amoco East 2 State
3. Address of Operator P. O. Box 1933, Roswell, New Mexico 88201		9. Well No. 4
4. Location of Well UNIT LETTER <u>O</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18S</u> RANGE <u>32E</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>and Bone Springs</u>
11. Elevation (Show whether DF, RT, GR, etc.) 3877.7 GL		12. County Lea

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 ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

17. 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.

Spud 17 1/2" hole @ 3:45 p.m. 4/12/85. RIH w/13 3/8", 54.5# csg & set @ 525'. Cmt w/400 sxs. WOC 18 hours. Press test to 900# for 30 min - held o.k. Set 8 5/8", 24 & 32# csg @ 2815'. Cmt w/1000 sxs. WOC 18 hours. Press test to 1000# for 30" - held o.k.

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

SIGNED A. M. Yang TITLE Drilling Superintendent DATE 4/19/85

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

TITLE

DATE

APR 22 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 22 1985

O.C.D.
HOBBS OFFICE