Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office

DISTRICT | P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL (	CON	<b>ISER</b>	VA	TION	DIV	<b>VISIO</b> I	V
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P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO.	
30-025-	31219
5. Indicate Type of Lease STATE	FEE X
SIAIEL	J FEE 1221

					L_		21VIE	FEE LAJ
DISTRICT III 1000 Rio Brazos Rd., Aztec	NM 87410				-	6. State Oil & C	ias Lease No.	•
( DO NOT USE THIS FO	RM FOR PROPORTION	ES AND REPORTS ( DSALS TO DRILL OR TO DIR. USE "APPLICATION II) FOR SUCH PROPOSA	DEEPEN FOR PEF	OR PLUG BACK	то а	7. Lease Name	or Unit Agreement No	ame
1. Type of Well: Oit. WELL K	GAS	OTHEER				JFG 7	7 Fee	
2. Name of Operator		:				B. Well No.		
Harvey E. Yate	es Company					#1		
3. Address of Operator						9. Pool name or	Wildcat	
P.O. Box 1933.	Roswell	N.M. 88202				scharb Seart	Rone Sprin	α
4. Well Location							<b>-</b>	
Unit LetterG	: <u>1980</u>	_ Feet From TheN	orth	Line and _	1980	Feet Fro	om The Eas	t Line
_								
Section 7		Township 19S		nge 35E		<b>ЛРМ</b>	Lea	County
		10. Elevation (Sho	w whether	DF, RKB, RT, GR, a	etc.)			
11.	Check A	ppropriate Box to Ir	idicate l	Vature of Not	ice. Rer	ort, or Oth	er Data	
•	-	NTION TO:	idiouio i	1	-		REPORT OF	<b>:</b> .
NOTIC	CE OF INTE	INTION TO.			3003	LGOLIVI	TILLI OTTI OT	· _
PERFORM REMEDIAL W	ояк 🔲	PLUG AND ABANDO	N 🗷	REMEDIAL WO	RK		ALTERING CAS	ING
TEMPORARILY ABANDO	N	CHANGE PLANS		COMMENCE D	RILLING C	OPNS.	PLUG AND ABA	NDONMENT [
PULL OR ALTER CASING				CASING TEST	AND CEM	ENT JOB		
OTHER:			_ 🗆	OTHER:				
12. Describe Proposed or C work) SEE RULE 1103		oas (Clearly state all pertiner	u details, a	nd give pertinent da	ies, includir	ig estimated date	e of starting any prop	osed
1. Set CII	וחסוגם ה מב	and spot 35' c	m <del>t</del>				•	
		ove and below 6						
_	* ~	ove and below 3						
**	+ 2	ove and below 3 " @ approximate		01.				
		ove & below stu						
		above & below 4						
6 10 sk s			UJ , L	ug				

I haveler certify that the it	nformation shove is true and complete to	the best of my knowledge and belief.	
SIGNATURE IN	Sum	the best of my knowledge and belief.  Engineer  mus	DATE 11/20/91
TYPE OR PRINT NAME	Tim Gum		TELEPHONE NO. 623-6601

(This space for State Use)

Approved by Paul Kautz 11/20/91

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- DATE --