

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

215F

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—" for such proposals.)

|  |  |   |  |
|--|--|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME  |  |
| 2. NAME OF OPERATOR<br>Harvey E. Yates Co. ✓   |  | 8. FARM OR LEASE NAME<br>South Taylor 13 Federal                          |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 1933 Roswell, NM 88201  |  | 9. WELL NO.<br>#3   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>430 FSL & 1650 FEL |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat E. Shugart-Del                  |  |
| 14. PERMIT NO.<br>30-015-25741   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 13, T-18S, R-31E |  |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.)<br>3727.4   |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>NM   |  |

RECEIVED BY  
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O. C. D.  
ARTESIA, OFFICE

14. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:   |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PCCL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANT <input type="checkbox"/>         | (Other) <input checked="" type="checkbox"/> spud & csg report   |  |
| (Other) <input type="checkbox"/>             |   | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |  |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Well was spudded @2:00 pm on 3/30/87

3/30/87

Ran 9 jts of 8 5/8", 24# J-55 csg, set @ 366'  
Cemented w/ 230 sks High Early II  
Circ 40 sks to pit, Plug down @ 8:00 pm on 3/30/87  
WOC-12 hrs, Pressure tested 600# for 30 min - Held OK

ACCEPTED FOR RECORD  
SJS

APR 6 1987

CARLSBAD, NEW MEXICO



18. I hereby certify that the foregoing is true and correct  
SIGNED H. M. Young NM Young TITLE Drilling Superintendent DATE 4/1/87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side