

NMOCC COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI  
(Other instructions  
reverse side)

*Copy to A-7*  
Form approved.  
Budget Bureau No. 42-R1424.

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.)

RECEIVED

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR Harvey E. Yates Company ✓

3. ADDRESS OF OPERATOR P. O. Box 1933, Roswell, N. M. 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 660' FSL & 660' FWL

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
3442.7' GL

5. LEASE DESIGNATION AND SERIAL NO. NM-8034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME Jones Ranch 3 Federal

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-24S, R-31E

12. COUNTY OR PARISH Eddy 13. STATE N. M.

16. 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"/>	PULL 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 PLANS <input type="checkbox"/>	(Other) <u>Run surface casing, etc.</u> <input checked="" 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.)\*

1-12-79 Spudded at 11:00 am.

1-13-79 Ran 21 joints (846') 8 5/8" 23# 8Rd R-3 Casing. Set and cemented at 858' w/500 Sx C1 C - 2% CaCl. PD 9:15 am. Circulated 75 Sx.

1-14-79 WOC 18 hours. Pressured up to 1000# for 30 minutes on casing. OK.

18. I hereby certify that the foregoing is true and correct

SIGNED *Peck T. Hardee* TITLE Engineer DATE 1-15-79

(This space for Federal or State office use)

APPROVED BY *Joe J. Lara* TITLE ACTING DISTRICT ENGINEER DATE JAN 17 1979

CONDITIONS OF APPROVAL, IF ANY: