

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC 063567

**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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Harvey E. Yates Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>c/o 207 South Fourth Street, Artesia, New Mexico</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u></p> <p><u>1650/S 1650/E</u></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3346' GL</u></p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Page-Yates (Yates F)</u></p> <p>9. WELL NO. <u>7</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>McMillan (Or. S.R.)</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>6-20-27</u></p> <p>12. COUNTY OR PARISH <u>Edmon</u> 13. STATE <u>N. Mex</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) To Convert to Water Injection

(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.)\*

Plan to convert this well to water input by injection of inhibited produced water down 2" tubing with inflatable packer at about 680' and aqua gel (Fresh Water Mud) in annulus in compliance with Oil Conservation Commission Order No. R-3842, Case 4209

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

SIGNED Eddie L. Beekma TITLE Engineer DATE 1-5-70

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

E. L. Beekma  
R. L. BEEKMA

\*See Instructions on Reverse Side

**RECEIVED**  
JAN 8 1970  
**RECEIVED**  
JAN 7 - 1970  
O. C. C.