

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

(# C-704)
Form approved.
Budget Bureau No. 42-B1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Re-entry		5. LEASE DESIGNATION AND SERIAL NO. NM 7301	
2. NAME OF OPERATOR Harvey E. Yates Company, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 1000 Security National Bank Bldg., Roswell, N.M. 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL, 1980 FWL		8. FARM OR LEASE NAME E. Lake Arthur Federal	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3441 GL		10. FIELD AND POOL, OR WILDCAT Wildcat Strawn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T-15S, R-27E	
		12. COUNTY OR PARISH Chaves	
		13. STATE N.M.	

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"/>
(Other) Change of Operator <input checked="" 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) <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.) *

Operator has changed from Tom Boyd Drilling Co., Inc. to Harvey E. Yates Company, Inc.

Designation of Operator filed

RECEIVED

OCT 22 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

POSTED
ID-3
10-29-76
J. O. P.

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

SIGNED

Harvey E. Yates

TITLE

Vice President

DATE

10-21-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 22 1976
J. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side