

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED MAY - 3 1978 O. C. C. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-7301
2. NAME OF OPERATOR Harvey E. Yates Company			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1933, 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 660' FNL & 1980' FWL			8. FARM OR LEASE NAME East Lake Arthur Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3442.6' GL	9. WELL NO. 2
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			10. FIELD AND POOL, OR WILDCAT Wildcat
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, 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:		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) Run production casing, etc. <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.)*			

4-15-78 Ran 60 joints (2394') 4 1/2" OD 9.5# and 11.6#* J-55 R-2 & 3 ST&C casing set at 2400' KB and cemented with 550 Sx Cl C with 5# Salt/sx. Plug down 6:00 pm. Cement did not circulate.

4-16-78 After 12 hours WOC time ran temperature survey from 2365' to surface. Top of cement 800'.

4-17-78 Waiting on completion unit.

*9.5# - 60.63'

11.6# - 2333.37'

RECEIVED
MAY 1 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Engineer

DATE

April 28, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

MAY 2 - 1978

CONDITIONS OF APPROVAL, IF ANY: