

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instruct. on reverse side)

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

25P

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		RECEIVED BY JUL 27 1987 O. C. D. ARTESIA OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM 23417
2. NAME OF OPERATOR Harvey E. Yates Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88201				7. UNIT AGREEMENT NAME Travis Deep Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1684' FWL				8. FARM OR LEASE NAME
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3555' GR		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT South Empire Morrow
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T18S, R29E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) PB & Testing	<input type="checkbox"/>		<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.)

NOTE: Morrow perms. 10,836-10,851'

- 1-13-87 Set CIBP @ 10,760'. Test csg. to 1000# for 15 min. Held ok.
- 1-14-87 Pump 15.6# CL "H" plug from 10,760' to 10,730'. Pump 15.6# CL "H" plug from 8343' to 8243' (100'). Perf 4 JSPF @ 7000'. Set Howco retainer @ 6950'.
- 1-15-87 Broke circ on 8 5/8" annulus & pumped 400 sxs DS lite & 400 sxs CL "H" w/1% Sl & 5% salt/sk.
- 1-17-87 Run CBL/GR from PBID of 6490' to TOC @ 4600'.
- 1-20-87 Perf 1 JS @ 6571, 66, 52, 6491, 84, 10, 6380, 64 & 60 (9 holes). Acidize w/1700 gals 7 1/2% HCL.
- 1-22-87 Frac perms 6360 to 6571' w/45,000 gals WF60 & 100,000# 20-40 sd.
- 2-18-87 Set retainer @ 6540. Perfs communicated. Set pkr @ 5796' & sqz. perms 6360-6491' w/177 sxs CL "A".
- 2-24-87 Tag cmt. @ 6230. Drlg out cmt & retainer to 6510'.
- 2-26-87 Re-squeeze perms 6360-6571 w/100 sxs CL "A" Neat.
- 3-1-87 Drlg out cmt to 6650'.
- 3-3-87 Perf 1 JS @ 6552, 6491, 6484, 6410, 6380, 64, 60, (7 holes). Acidize w/250 gals 7 1/2% HCL.
- 3-6-87 Testing well on pump.

ACCEPTED FOR RECORD

JUL 21 1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED
JUL 15 11 28 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

RECEIVED

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

SIGNED Ray T. [Signature] TITLE Production Manager/Engineer DATE 7-14-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side