

UNED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Copy to SF

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 <input type="checkbox"/> WELL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	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, N. M. 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' FEL & 660' FNL	8. FARM OR LEASE NAME
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-18S, R-28E
14. PERMIT NO. DEC 13 1977	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RF, GR, etc.) 3639' GL	13. STATE N. M.

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

O. C. C. ARTESIA, OFFICE		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 intermediate casing etc <input checked="" 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.) *

11-25-77 Total depth of 2600' KB was reached and 2879.70'*(71 Joints) of 8 5/8" OD 24# and 28# FWP&S, 8R, ST&C casing was set and cemented at 2900.00' KB with 300 Sx Halliburton LW w/1/4# flocele/sx and 200 Sx Class C w/2% CaCl.

WOC 18 Hours. Pressure tested casing to 1500# for 30 minutes. OK.

*705.61' (17 Joints) 8 5/8" OD 28# casing
2174.09' (54 Joints) 8 5/8" OD 24# casing

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DEC 8 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Chuck Hardin TITLE Engineer DATE 12-5-77

(This space for Federal or State office use)

APPROVED BY John C. Lora TITLE ACTING DISTRICT ENGINEER DATE DEC 12 1977

CONDITIONS OF APPROVAL, IF ANY: