

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
reverse side)FE
re-Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-23417

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☒ OTHER Dual

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P. O. Box 1933, Roswell, N. M. 88203

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3639' GL

7. UNIT AGREEMENT NAME

Travis Deep

8. FARM OR LEASE NAME

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T-18S, R-28E

12. COUNTY OR PARISH 13. STATE

Eddy

N. M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Casing test, etc.

Packer test, etc.

(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 perti-
nent to this work.)*1-10-79 Loaded casing w/3% KCL water. Pressure tested 5 1/2" casing
w/1500 psi for 30 min. Held OK.1-20-79 Loaded casing annulus w/3% KCL water. Tested Baker #45-B
Model "K" - DG Packer set @ 9718' KB w/1000 psi for 30 min.
and Xmas Tree w/1000 psi for 30 min. Held OK.

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

SIGNED

TITLE

Engineer

DATE

1-30-79

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

FEB 1 - 1979

CONDITIONS OF APPROVAL, IF ANY: