

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other (SHUT IN)	5. Lease Designation and Serial No. LC-070003
2. Name of Operator Harvey E. Yates Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1993, Roswell, NM 88202 1-505-623-6601	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M, or Survey Description) UNIT LETTER N, 990' FSL & 1980' FWL SEC. 34, T-17S, R-31E 660'	8. Well Name and No. MESQUITE 34 FED. #1
	9. API Well No. 30-015-24102
	10. Field and Pool, or Exploratory Area CEDAR LAKE MORROW, EAST
	11. County or Parish, State EDDY CO., NM.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change in Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other CASING INTEGRITY TEST	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)		

13. 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.)

FIND ATTACHED A COPY OF THE CHART FOR THE CASING INTEGRITY TEST RUN ON 10-3-94 AND WITNESSED BY D. EARLY.

REQUEST SI APPROVAL

APPROVED FOR 12 MONTH PERIOD
ENDING 10/3/95

14. I hereby certify that the foregoing is true and correct			
Signed	RAY F. NOKES	Title	PROD. MGR./ ENG.
(This space for Federal or State office use)			
Approved by	(ORIG. SGD.) JOE G. IARA	Title	PETROLEUM ENGINEER
Conditions of approval, if any:		Date	11/9/94