

215F

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BUREAU OF LAND MANAGEMENT

**JUL 2 1985**  
**SUNDY 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. **O. C. D.**  
**ARTESIA, NEW MEXICO**  
☒ OIL WELL ☐ OTHER

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P. O. Box 1933, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FSL & 1980' FEL

14. PERMIT NO.

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

3727.2 GL

5. LEASE DESIGNATION AND SERIAL NO.

LC-029389-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hondo 4 Federal

9. WELL NO.

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10. FIELD AND POOL, OR WILDCAT

Und. Bone Springs

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

Sec. 4, T-18S, R-31E

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) RIH w/8 5/8" csg. ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

6/18/85 RI 11" hole w/53 jts 8 5/8", 24#, J-55 csg & set @ 2101'. Cmt w/100 sxs  
12-3 RFC, 800 sxs Lite Wate III, 200 sxs class "C", 7-1" stages w/875 sxs  
Class "C". Circ cmt to surface. WOC 12 hours, press test to 1000# for 30"  
held o.k.

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

SIGNED Rayne Collins

TITLE Regulatory Administrator

DATE 6/24/85

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Shur  
**JUL 1 1985**

\*See Instructions on Reverse Side