

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

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

dsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Harvey E. Yates Company ✓	8. FARM OR LEASE NAME Loco Sand Hills 9 Federal
3. ADDRESS OF OPERATOR P. O. Box 1933, Roswell, New Mexico 88201	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below) At surface 660' FSL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Wildcat Wolfcamp
14. PERMIT NO. 30-015-25498	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9 T-18S R-30E
15. ELEVATIONS (Show whether of RT, GR, etc.) 3496 GL	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY
DEC 23 1985
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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"/>		

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)	<input type="checkbox"/>		

8 5/8" Csg & Cmt
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)*

12/13/85 Ran 36 jts 8 5/8" j-55 1518'
Set @ 1512'
Cmt w/ 600 sxs DLW & 200 sxs Class A. Circ 75 sxs to pit.
Plug down @ 10:15 pm 12/13/85. WOC 12 hours.
Test csg & BOP to 1000# for 30 minutes.

ACCEPTED FOR RECORD

Gar
DEC 19 1985

CARLSBAD, NEW MEXICO

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

SIGNED N. M. Young N. M. Young TITLE Drilling Superintendent DATE 12/17/85

(This space for Federal or State office use)

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

*See Instructions on Reverse Side