

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
some side)

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

5. LEASE DESIGNATION AND SERIAL NO.

30-015-25695 / NM 42811

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 ☐

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, New Mexico 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

660' FEL & 2310' FNL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Scribner 5 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

North Shugart Bone Springs

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

Sec. 5, T18S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. PERMIT NO.

30-015-25695

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

3706.3 GL

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Completion Report

(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.) *

11/17/89 Perforated Bone Springs @ 8528-8658 (2 spf)
11/18/89 Acidized w/2250 gals 20% HCL & 28 BS - Swab test
11/21/89 Acidized w/5000 gals 20% HCL & 14 BS - Swab test
11/29/89 Set CIBP @ 8510. Perforate Bone Springs @ 8107-8322 (1 spf)
11/30/89 Acidize w/3250 gals 7 1/2% HCL & 26 BS - Swab test.
12/4/89 Frac w/110,000 gals BF-40 w/171,250# 16/20 Carbolite
12/7/89 Put on pump.

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

SIGNED NM Young

TITLE Drilling Superintendent

DATE 12/12/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side