Ferm 3160-5 (November 1983) (Formerly 9-331)	UN STATES DEPARTMEN, OF THE INTER BUREAU OF LAND MANAGEMEN	• • • •	I'orm approved. Budget Bureau I Expires August 5. LEASE DESIGNATION NM 42811	31, 1985 C(7)
(Do not use this	DRY NOTICES AND REPORTS (form for proposals to drill or to deepen or plug I Use "APPLICATION FOR PERMIT" for such p		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
I. OIL GAS WELL X WELL	 		7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR	OTHER /	FEB 21 '90	8. FARM OR LEASE NAM	
Harvey E. Yates	Company	Scribner 5 Federal		
3. ADDRESS OF OPERATOR		9. WELL NO.		
P.O. Box 1933,	Roswell, New Mexico 88202	1		
1. LOCATION OF WELL (H	teport location clearly and in accordance with any	10. FIELD AND POOL, OR WILDCAT		
See also space 17 belo At surface	(W.)	North Shugart Bone Spring		
Unit letter H,	660' FEL & 2310' FNL	11. SEC., T., R., M., OE BLK. AND SURVEY OR ABBA		
			Sec. 5, T18S,	R3lE
14. PERMIT NO	15. ELEVATIONS (Show whether DF	r, RT. GR, etc.)	12. COUNTY OR PARISH 13. STATE	
<u>30-015-</u> 25695	30-0 15 -25695 3706.3'		Eddy	NM
16.	Check Appropriate Box To Indicate N	lature of Notice, Report, or O	ther Data	<u> </u>
1	NOTICE OF INTENTION TO :	SUBSEQU:	ENT REPORT OF:	
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	FT PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING X (Other) (NOTE : Report results Completion or Recouple	REPAIRING W ALTERING CA ABANDONMEN of multiple completion c ition Report and Log for	
nent to this work. If	COMPLETED OPERATIONS (Clearly state all pertinen well is directionally drilled, give subsurface local 7578-46' (18'-2 JSPF), acdize	t details, and give pertinent dates, tions and measured and true vertica	lucluding estimated date I depths for all markers	
2-6-90 Acdz w	/10,000 gals 20% NEFE w/3% acc	etic & 10,000 gals ove	rflush	
2-8-90 Ran SN	to 8358 & anchor to 7305', ra	an pump & rods & hang	on production.	

D P	\mathcal{D}	
18. I hereby certify that the foregoing is tr) from the line of	2-19-90
SIGNED Lay / · ·	TITLE Mgr /Engineer	DATE
(This space for Federal or State office t	ise)	
APPROVED BY Conditions of Approval, if any	TITLE :	DATE

*See Instructions on Reverse Side