

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
Back (Other instructions on re-
verse side)
Artesia, N.M. 88210

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

45F

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"/>		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 530' FWL & 330' FSL, Unit Letter M		5. PERMIT NO. 30-015-25908		6. ELEVATIONS (Show whether DF, RT, OR, etc.) 3666.6 (GL)		7. LEASE DESIGNATION AND SERIAL NO. NM 68040		8. IF INDIAN, ALLOTTEE OR TRIBE NAME		9. UNIT AGREEMENT NAME		10. FARM OR LEASE NAME Parker 5 Federal		11. WELL NO. #1		12. FIELD AND POOL, OR WILDCAT North Shugart Bone Spring		13. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T18S, R31E		14. COUNTY OR PARISH Eddy		15. STATE NM	
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RECEIVED

JUN 02 '89

O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<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"/>		

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)

5-4-89: Perf 7684-98 (14' - 29 holes) & 7706-30' (24' - 49 holes). (Perfs 7784-98' incorrectly shot)

5-7-89: Pmp 5000 gals 50# gelled 20% NEFE acid, 500 SCF Nitrogen per barrel, 2000 gals slick water over flush and 25 BS.

5-10-89 Acid w/10 BW & 30 BS follow w/2000 gals 15% NEFE and 130 BS. Pump 500 gals 30# gelled 15% NEFE, 250# rock salt, pump 700 gals same acid, pmp 750# rock salt & 1800 gals same.

5-12-89: Set anchor 7530'. Run 2" X 1 1/2" X 24' pump and rods. Hang well on and turn over to pumper.

ACCEPTED FOR RECORD

MAY 10 1989

EB

CARLSBAD, NEW MEXICO

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

SIGNED Sharon N. Hill

TITLE Production Analyst

DATE May 16, 1989

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side