

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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' FSL & 1650' FWL

14. PERMIT NO
30-015-26108

15. ELEVATIONS (Show whether DT, RT, GR, or AREA)
3690.7 GL

RECEIVED
MAY 30 '89
O. C. D.
ARIZONA OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM-68040

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Parker 5 Federal

9. WELL NO.
#2

10. FIELD AND POOL, OR WILDCAT
North Shugart Bone Spring

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
Sec. 5, T18S, R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

16. NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) spud & csg reports	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(Other)

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Spudded well @ 4:45 pm 5/6/89

5/6/89 TD 17 1/2" hole @ 350'
Ran 8 jts 13 3/8, 54.5# J-55 csg (353'), Set @ 350'
Cmtd w/415 sks Cl "A" w/2% CaCl, Circ 75 sks to pit,
PD @ 5:30 am 5/7/89
WOC 12 hrs, Tested csg 600# for 30 min-Held ok

5/9/89 TD 12 1/4" hole @ 2014'
Ran 47 jts 8 5/8 24 & 32# J-55 csg (2017'), Set @ 2014'
Cmtd w/1200 sks 65/35 poz w/2% CaCl + 200 sks Cl "C"
w/2% CaCl, Circ 200 sks to pit,
PD @ 7:15 am 5/10/89
WOC 12 hrs, Tested csg 1400# for 30 min-Held ok

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

SIGNED NM Young NM Young

TITLE Drilling Superintendent

DATE 5/11/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS