

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED

Budget Bureau no. 1004-0135

Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil
☐ Well ☒ Gas Well ☐ Other

2. Name of Operator

HARVEY E. YATES COMPANY

3. Address and Telephone No.

P.O. BOX 1933, ROSWELL, NM 88201.. 505-623-6601

4. Location of Well (Footage, Sec., T., M., or Survey Description)

1570
T. 870' FNL & 1,980' FWL SEC 5, T18S, R31E

5. Lease Designation and serial No.
NM-068038

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

PARKER DEEP 5 FED COM #2

9. API Well No.

30-015-31548

10. Field and Pool, or Exploratory Area
SHUGERT MORROW NORTH

11. County or Parish, State

EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on well
Completion or Recompletion Report and Log form)

13. 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 directional give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)*

REQUEST TO DRILL THE 17 1/2" SURFACE HOLE TO TOP OF SALT OR 700'. THIS IS TO COVER POSSIBLE
LOST CIRCULATION ZONE ENCOUNTERED IN OFFSET WELL @ 585' WITH 13 3/8" CASING.

Surface must be set above the Top of Salt.
operator will set pipe directly below Lost circulation
Zone to accommodate the situation.



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

Signed Bob William

Title DAG. SUP.

Date 1-24-01

(This space for Federal or State office use)

Signed Sam Family

Title P.E.

Date 1-24-01