

ARTESIA DECODE COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424
LEASE DESIGNATION AND SERIAL NO.

NM 01144

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
SOUTHWEST POTASH CORPORATION

3. ADDRESS OF OPERATOR
Box 279, Carlsbad, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
SE/4NE/4, Sec. 17, T19S, R30E
2000' South and 675' West of NE Corner

11. PERMIT NO.

12. ELEVATION (Show whether depth, or, etc.)
3335 ground

7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
--

9. WELL NO. **Harvey Yates No. 1**
H. D. Perkins

10. FIELD AND POOL, OR WILDCAT
Benson

11. SEC., T., R., M., OR BLK. AND SURVEY OR
Sec. 17, T19S, R30E.
N.M.P.M.

12. COUNTY OR PARISH **Eddy** 13. STATE **N.M.**

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)

1. BEFORE OR AFTER CASING
2. SETTING LOGS, ETC.
3. DRILLING
4. CHANGING PLANS

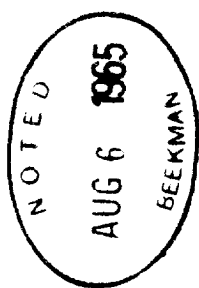
SUBSEQUENT REPORT OF

WATER SHUT OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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.)

Well to be reopened to 1,420', base of salt, for purpose of replugging the salt and water bearing areas with solid cement plug.



RECEIVED
AUG 3 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

General Manager

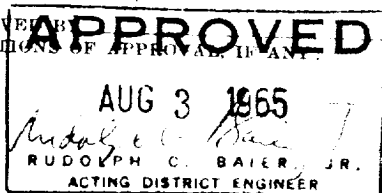
DATE 8-2-65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE



*See Instructions on Reverse Side