

UNITED STATES GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
SUNDY NOTICES AND REPORTS ON WELLS

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 05020

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. E. Yates "A" Federal
Federal Hackberry

9. WELL NO.

Federal 2-*

10. FIELD AND POOL, OR WILDCAT

North Hackberry Yates SR

11. SEC., T., R., M., OR BLK. AND

Unit F Sec. 29, T.19S

R. 31 E.

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Martin Yates, III

3. ADDRESS OF OPERATOR

Yates Building Artesia, New Mexico 83210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

2260' from North and 2260' from West Line
of Section 29, Township 19S, Range 31E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3493 Ground Level

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) Temporary Abandonment ☒

(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.)*

Temporarily abandoned well in May, 1967 by pulling tubing and rods and removing pump Jack, and capping the well.

Holding well for possible water flood purposes.

RECEIVED RECEIVED
MAR 10 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Nelly Gander

TITLE Bookkeeper

DATE

March 6, 1969

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAR 10

R. L. BEEKMA

*See Instructions on Reverse Side