

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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

d/sr

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR **MAR 03 '88**
Harvey E. Yates Company ✓

3. ADDRESS OF OPERATOR **O. C. D.**
P.O. Box 1933, Roswell, New Mexico 88202 **ARTESIA, OFFICE**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
2130' FEL & 1980' FSL

14. PERMIT NO. 30-025-25832

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3364.4 GL

5. LEASE DESIGNATION AND SERIAL NO.
NM-0560353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hale 11 Federal

9. WELL NO.
#2

10. FIELD AND POOL, OR WILDCAT
Benson Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T19S, R30E

12. COUNTY OR PARISH 13. STATE
Eddy NM

16. 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 type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	csg report	

(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.) *

2/6/88 TD well @ 8800

2/7/88 Ran 207 jts 5 1/2, 17#, J-55 csg, Set @ 8797
Cemented w/1125 sks filler & 250 sks tail end
Plug down @ 6:15 pm 2/7/88
Release rig @ 12:01 am, 2/8/88

RECEIVED
FEB 11 11 00 AM '88

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

SIGNED A. M. Young NM Young

TITLE Drilling Superintendent

DATE Feb. 9, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side