

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OFFICE
SUBMIT IN T
Draw Other Instruc
Verde (side)
Alamosa, NM 8810

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 depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Harvey E. Yates Company ✓

3. ADDRESS OF OPERATOR
P.O. Box 1933, Roswell, New Mexico 88201

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

14. PERMIT NO
30-15-25847

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3715.2 GL

RECEIVED
JAN 14 '88
O.C.D.
ALAMOSA OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM-2537

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Taylor 13 Federal

9. WELL NO.
#2

10. FIELD AND POOL, OR WILDCAT
E. Shugart Delaware

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 13, T18S, R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 COMPLETE <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 & surface csg <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

12/30/87 Spud well @ 8:00 pm, TD @ 356'
Ran 360' 8 5/8, 24# cst, Set @ 356'
Cement w/260 sks Class "A" w/2% CaCl
Circ 80 sks to pit
WOC 12 hrs
Test csg 600# for 30 min-Held ok

ACCEPTED FOR TITLING

JAN 13 1988

SJS

CARLSBAD, NEW MEXICO

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

SIGNED W. M. Young NM Young TITLE Drilling Superintendent DATE 1/5/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side