

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR  
Harvey E. Yates Company
3. ADDRESS OF OPERATOR  
P. O. Box 1933, Roswell, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 990' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE  
NM-03677
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Stebbins Deep Federal
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Scanlon Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T-20S, R-29E
12. COUNTY OR PARISH  
Eddy
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3236 GL

RECEIVED BY  
AUG 30 1983  
O. C. D.  
ARTESIA, OFFICE

RECEIVED  
AUG 17 11 14 AM '83  
BUREAU OF LAND MANAGEMENT  
ROCKY MOUNTAIN DISTRICT

(NOTE: Report results of multiple completion or change on Form 9-330.)

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.)\*

See procedure attached.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED David R. Glass TITLE Engineer

DATE August 15, 1983

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_  
AUG 29 1983