

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

re

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

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well or reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ **SWD**
2. NAME OF OPERATOR **Harvey E. Yates Company**
3. ADDRESS OF OPERATOR **P.O. Box 1933, Roswell, New Mexico 88202**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit letter "A", 990' FNL & 330' FEL

5. LEASE DESIGNATION AND SERIAL NO
NM 03677

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Stebbins Deep Federal

9. WELL NO.

4 (SWD)

10. FIELD AND POOL, OR WILDCAT

Scanlan Delaware

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

Sec. 30, T20S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. PERMIT NO.
30-015-20072

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

3250' GL

16. 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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Test pkr & tbq.**

REPAIRING WELL

ALTERING CASING

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.) *

8-18-89

Test in hole w/ 4 1/2" nickle plated Arrow J-Lock pkr & 2 3/8" plastic coated tubing, found 3 bad joints and replaced. Circ. pkr fluid. Set pkr in 10 points compression @ 3186', test pkr to 300# for 15 min. Held ok. Test witnessed by Mr. Mike Stubblefield with OCD II. Note: Mr. Stubblefield retained chart of test showing pressure.

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

SIGNED

TITLE **Production Manager/Engineer**

DATE **8-31-89**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side