

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other: instructio.
verse side)DATE
in reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N M 04219

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Anderson

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

McMillan SR-Q

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASec. 11-20S-26E
Unit 0

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mex.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ Water Injection Well

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

207 So. 4th Street - Artesia, New Mexico 88210

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

NW SW NE 2310' FEL & 990' FSL Sec. 11-20S-26E

14. PERMIT NO.

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

3281' GR

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Commenced Wtr. Injection ☒(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 perti-
nent to this work.)*Started injecting water down cement lined tubing with packer set at 500
feet on or about May 23, 1970.

RECEIVED

JUN 4 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED

JUN - 1 1970

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

SIGNED

Eddie M. Huff

TITLE

Engineer

DATE

6-1-70

(This space for Federal or State office use)

APPROVED BY

San A. Smith

TITLE

Assistant Engineer

DATE

JUN 1 1970

CONDITIONS OF APPROVAL, IF ANY: