DEPARTMENT OF THE INTERIOR (Other Instructions verse side)

SURMIT IN TRIPL

LC-063567						
6.	1F	INDIAN,	ALLOTTEE	OR	TRIBE	NAME

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 lise "APPLICATION FOR PERMIT" for such proposals.

X OTHER

FEB 25 1975

a. c. c.

harvey E. Yates Company, Inc. v

ADDRESS OF OPERATOR

Security Natl. Bank Bldg.-Suite 1000; Roswell, NM 88201 to vitos of white (Report location clearly and in accordance with any State requirements.)

990 FSL & 990 FEL of Section 6, T-20S, R-27E

14 PERMIT SO

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

3366

7. UNIT AGREEMENT NAME

Yates Federal

FARM OR LEASE NAME

9. WELL NO.

19

10, FIELD AND POOL, OR WILDCAT

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

Sec. 6, T-20S, R-27E 12. COUNTY OR PARISH; 13. STATE

Eddy

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

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO REPAIRING WELL WATER SHUT-OFF TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREATMENT ALTERING CASING MULTIPLE COMPLETE PRACTURE TREAT SHOOTING OF ACTOIZING ARANDON* CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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.) •

Pulled 380' of 8 5/8" casing, TD 865', 7-11-74 No report of 10" casing being ran or pulled.

100' plug 765'-865'

50' plug at surface with regulation dry hole marker

RECEIVED oct 23 1974 U. S. GEOLOGICAL SURVEY ARTESTA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct	t			
Debra Malone	TITLE	Production Clerk	_ DATE _	October 22, 197
(This space for Federal or State office use)				
APPROVED-BY	TITLE		_ DATE	
CONDITIONS OF APPROVAL, IF ANY:				, 6
-50/15/A				
Selfon *	See Instructio	ons on Reverse Side		