	(May 1963)	DEDADTMENT OF T		(Other instructions on re	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
. • 1	1. 6. 6. 6. 6.	DEPARTMENT OF THE INTERIOR (Other Instructions on Pe			10-063567 (apyl)
M. C	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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	-				7. UNIT AGREEMENT NAME
	OIL A GAS WELL OTHER RECEIVED				Yates Federal
	Harvey E. Yates Company, Inc. V JUL 18 1975				8. FARM OR LEASE NAME
	Hiarvey E. Yates Company, Inc. JUL 18 1975 3. Address of Operator Suite 1000, Security Hat'l Bank Bldg., Roswell M. 4. Location of Well (Report location clearly and in accordance with any State requirements. Artesia, Office Artesia, Office				9. WELL NO.
					#22
					10. FIELD AND POOL, OR WILDCAT
	1650' FNL & 2310' FWL of Section 7, T-20S, R-27E				11. SEC, T., B., M., OR BLK. AND SURVEY OR AREA
					1 2 2 2 1
	14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 13. STATE	
		3349' GR			Eddy NM
	Check Appropriate Box To Indicate Nature of Notice, Report, or C				Other Data
	NOTICE OF INTENTION TO:				UENT REPORT OF:
	TEST WATER SHUT			WATER SHUT-OFF	REPAIRING WELL
	FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLET ABANDON*	E	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
	REPAIR WELL				ABANDONADAT
					s of multiple completion on Well letion Report and Log form.) , including estimated date of starting any
	Propose to plug in the following: 1. Squeeze 5 1/2 casing with cement from surface to 339'				
	2. Install regulation dry hole marker				
	, <i>r</i>				
	Will call on completion for your inspection.				
					a" -
					RECEIVED
					JUL 2 1 1878
		edi W			U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
	18. I hereby certify that the foregoing is true and correct				
	SIGNED A	ica d. Siconici	TITLE OF	c. t	DATE 7-11-75
	(This space for Federal or State office use)				
	APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:				DATE
		ANI:			
٠.		i ;			

*See Instructions on Reverse Side