

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OPERATOR'S COPY
SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0506771-A

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.)

DEC 6 1976

7. UNIT AGREEMENT NAME

Ellis Federal

8. FARM OR LEASE NAME

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Scanlon

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

Sec. 30, T-20S, R-29E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. PERMIT NO.

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

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*

(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.)*

3/17/75 Plugged at 1227' 100' plug
975' 100' plug Mud in between
Mud
500'-535' Cemented
1 20' plug at top with regulation dry hole marker

RECEIVED
U.S. GEOLOGICAL SURVEY
EL PASO, TEXAS

RECEIVED
MAR 20 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED W. S. Sullivan

TITLE Production Clerk

DATE 3/17/75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved
Budget Bureau No. 42-23445.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO.	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. CEM. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <i>HARVEY E. YATES Co.</i>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <i>SUITE 1000 SECURITY NAT. BANK BLDG., ROSWELL, N.M.</i>		8. FARM OR LEASE NAME <i>ELLIS FEDERAL</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface <i>858/W 330/N SEC. 30 - 205 - 29E</i> At top prod. interval reported below At total depth		9. WELL NO. <i>1</i>	
14. PERMIT NO.		13. STATE <i>NM</i>	
DATE ISSUED		12. COUNTY OR PARISH <i>EDOG</i>	
15. DATE SPUNDED <i>1-31-75</i>		18. ELEVATIONS (DF, RES, RT, GS, ETC.) <i>3240 GL</i>	
16. DATE T.D. REACHED <i>3-13-75</i>		19. ELEV. CASINGHEAD	
17. DATE COMPL. (Ready to prod.) <i>PA 5-17-75</i>		20. TOTAL DEPTH, MD & TVD <i>1227</i>	
21. PLUG, BACK T.D., MD & TVD <i>-</i>		22. IF MULTIPLE COMPL., HOW MANY?	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN <i>NONE</i>	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
Casing Size <i>8"</i>		Weight, lb./ft.	
Depth Set (MD) <i>300</i>		Hole Size <i>9"</i>	
Cementing Record <i>M</i>		Amount Pulled <i>300</i>	
29. LINER RECORD		30. TUBING RECORD	
Size		Depth Set (MD)	
Top (MD)		Bottom (MD)	
Backs Cement*		Screen (MD)	
Packers Set (MD)		Size	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Depth Interval (MD)		Amount and Kind of Material Used	
33. PRODUCTION		Well Status (Producing or shut-in) <i>PA</i>	
Date First Production		Production Method (Flowing, gas lift, pumping—size and type of pump)	
Date of Test		Hours Tested	
Flowing Pressure		Casing Pressure	
Calculated 14 Hour Rate		Oil—BSL.	
Gas—MCF.		Water—BSL.	
Oil Gravity—API (Corr.)		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
35. LIST OF ATTACHMENTS		TEST WITNESSED BY	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED <i>H. E. Yates</i> DATE <i>12-3-76</i>	

* (See Instructions and Spaces for Additional Data on Reverse Side)

* Operator did not file after 3rd request

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TWO COPIES*
(Other instructions on the
reverse side)Form approved.
Budget Bureau No. 42-R1424
5. LEASE NO. **9508771-A** SERIAL NO.

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.)

1. WELL NO. <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A	7. UNIT AGREEMENT NAME Eddis Federal
2. NAME OF OPERATOR Harvey E. Yates Company, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR Suite 1000 Security Nat'l Bank Bldg., Roswell, NM 88201	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 853' FWL & 330' FWL of Sec. 30, T-20S, R-29E	10. FIELD AND POOL, OR WILDCAT Scanlon
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-20S, R-29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.) *

We intend to plug this well in the following manner

Plug	1227' to 1127'	100' cement
	1025' to 925'	100' cement
	600' to 500'	70' cement
	20' to 0	20' cement with marker

Mud between plugs

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

SIGNED

TITLE

DATE **4/2/75**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side