) STATES DEPARTME

SUBMIT IN TRIPLE

Form approved, Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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NM - 17200GEOLOGICAL SURVEY 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 different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.

ELEIVE 7. UNIT AGREEMENT NAME 1. OIL GAS WELL WELL OTHER MAY 1 5 1979 8. FARM OR LEASE NAME NAME OF OPERATOR Southeast Indian Basin Yates Company Harvey E. O. C. C. 9. WELL NO. 3. ADDRESS OF OPERATOR 882011A, DFFICE P. O. Box 1933, Roswell, New Mexico 1 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT Indian Basin 660' FNL & 660' FEL At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-22S, R-23E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. N.M. 4141.5' GL Eddy Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE ERACTURE TREAT SHOUTING OR ACIDIZING ABANDON' SHOOT OR ACIDIZE (Other) Spud, run surface casingX 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.) * Spudded 17 1/2" hole at 4:00 PM. 4-20-79 Depth 300'. Ran 12 Joints (311') 13 3/8"OD 48#, H-40, 8Rd, 4-23-79 ST&C casing and set at 300' RTM. Cemented with 300 Sx Class C w/2% CaCl. Plug Down at 1:30 AM 4-24-79. Circulate est. After 18 hrs WOC, tested casing and BOP to 500 psi for 30 min. OK.

MAY 11 1379 4 - 24 - 79U.S. GEULUSIOAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct				
SIGNED Such / Sarder	TITLE	Engineer	DATE	5-9-79
(This space for Federal or State office use)		ACTING DISTRICT ENGINEER	DATE	MAY 14 1979
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	ACITIO	<i></i>	