

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-64594

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR
Harvey E. Yates Company ✓

FEB - 1 1991

3. ADDRESS OF OPERATOR
P.O. Box 1933, Roswell, N.M. 88202

O. C. D.
ARTESIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface Unit P; 330' FSL & 790' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cabin Lake 34 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Cabin Lake

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

Sec. 34, T21S, R30E

14. PERMIT NO.

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

3192.2 GL

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:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Footage change

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)*

Please see enclosed plat for footage changes on the above captioned well.
From 330' FSL & 840' FEL to 330' FSL & 790' FEL.

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

SIGNED Vickie Teel V. Teel

TITLE Production Analyst

DATE 1/30/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 1/31/91

*See Instructions on Reverse Side

