

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. *dsf*

NM-64594

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 ☐
2. NAME OF OPERATOR Harvey E. Yates Company
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, N.M. 88202
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

14. PERMIT NO. 30-015-26631
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3192.2 GL

18. 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) RD & Spud ☒
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.)*

RD & release cable tool

2/5/91 MI & RU rotary rig (Peterson Rig #3)
Spudded 17 1/2" hole @ 9:00 pm

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

SIGNED V. Teel V. Teel TITLE Production Analyst

DATE 2/6/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

FEB 14 1991

*See Instructions on Reverse Side

SJS
CARBON NEW MEXICO