

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-43552

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Donell 3 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Cabin Lake Delaware

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

Sec. 3, T22S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

SEP - 9 1991

2. NAME OF OPERATOR

Harvey E. Yates Company

O. C. D.

ARTESIA OFFICE

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 G; 1980' FNL & 1980' FEL

14. PERMIT NO.

30-015-26802

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

3192.4' GL

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) TD & csg job

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.)*

TD 7450' @ 8:00 am 8/12/91

8/13/91 Ran 174 jts 5 1/2" 17# csg; Set @ 7450'
Cmtd w/525 sks 65/35 "H" poz + 500 sks C1 "H"
PD @ 4:30 am 8/14/91
RR @ 10:30 am 8/14/91

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

SIGNED

V. Teel

V. Teel

TITLE

Production Analyst

DATE

9/4/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side