

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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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 G, 1980' FNL & 1980' FEL ARTESIA OFFICE

14. PERMIT NO.  
30-015-26802

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3192.4' GL

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., E., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T22S, R30E

12. COUNTY OR PARISH  
Eddy

13. STATE  
N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

8/24/91 Perf Delaware 7328.5 to 49' (OA) 6 holes  
Acidz w/100 gals 10% NEFE

8/27/91 Frac Delaware 7328.5 to 49' (OA) w/7500 gals X-link & 5500# 16/30 ottawa

8/30/91 Put on pmp to test; SN @ 7183'; Anchor @ 6890'  
Will pmp to clean up frac & test zone.

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

SIGNED Ray Nokes

TITLE Prod Eng/Mgr.

DATE 9/3/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side