

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

45F

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC -029388 D
2. NAME OF OPERATOR Harvey E. Yates Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 990' FEL	8. FARM OR LEASE NAME Mesquite 3 Federal
14. PERMIT NO. 30-015-26275	9. WELL NO. #3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3751.8 GL	10. FIELD AND POOL, OR WILDCAT Wildcat-Wolfcamp
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T18S, R31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

MAR 28 '90

O. C. D.
DISTRICT OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) TD & csg job	
(Other) <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.)

TD 7 7/8" hole @ 10,400' @ 12:30 am 3/20/90

3/22/90 Ran 254 jts 5 1/2" 17# N-80 & J-55; Set @ 10,400'
Cmtd w/300 sks 65/35 pox + 300 sks CL 'H'
PD @ 2:00 pm 3/22/90
RR @ 6:00 pm 3/22/90

RECEIVED
MAR 26 8 47 AM '90
CARI AREA

ACCEPTED FOR RECORD

Ad

MAR 27 1990

CARLSBAD, NEW MEXICO

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

SIGNED *T. McGee* NM Young TITLE Drilling Superintendent DATE 3/23/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side