

INMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate\*  
(Other Instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-15446

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rebecca Crosby

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cato-San Andres

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

Sec. 31, T-7S, R-31E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

## 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	
2. NAME OF OPERATOR Harvey E. Yates Company	
3. ADDRESS OF OPERATOR P. O. Box 1933, Roswell, New Mexico 88201	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FEL & 660' FSL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4227.1' GL

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"/>	

## SUBSEQUENT REPORT OF:

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

6/7/78

Plugged and abandoned as follows:

Set CIBP at 3490' KB w/35' cement on top  
Plug #1 2780'-2680' - 25 sxs  
Plug #2 1770'-1670' - 40 sxs  
Plug #3 1500'-1400' - 40 sxs  
Plug #4 1300'-1200' - 40 sxs  
Surface plug - 10 sx cement from 60' to surface  
10 #/gas mud spotted between plugs

Dry hole marker installed on top.

Will advise when location is ready for inspection.

RECEIVED  
JUN 20 1978  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Engineer

DATE 6/15/78

(This space for Federal or State office use)

APPROVED BY

(Original) ALBERT R. STALL

TITLE

ACTING DISTRICT ENGINEER

DATE

FEB 28 1980

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

FEB 29 1980

O. C. D.  
ARTESIA, OFFICE

RECEIVED

MAR 3 1980

OIL CONSERVATION DIV.