

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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, NM 88202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: N 660/S & 1480/W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) | |

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.)*

4-15-93 Set CIBP @ 13,017' - Spot 15 sxs cement - -12,867'
4-15-93 Spot 30 sxs at 9759' - 9659'
4-21-93 Spot 25 sxs at 9150' - 8950' - tagged
4-22-93 Spot 45 sxs at 4670' - 4602' - tagged
4-23-93 Spot 60 sxs at 4602' - 4416'
4-23-93 Spot 40 sxs at 410' - 256'
4-23-93 Spot 16 sxs at 60' - surface

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

Circulate 9.5 mud
Dry hole marker installed

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jim W. Giam TITLE Engineer DATE 5/5/93

(This space for Federal or State office use)

APPROVED BY SGD DAVID R. CHASE **Petroleum Engineer** DATE JUN 30 1993
CONDITIONS OF APPROVAL, IF ANY:

Entered PIA
11/05/95
CT

RECEIVED

AUG 01 1993

**OOD HOBBS
OFFICE**