

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No.
Expires August 31.

5. LEASE DESIGNATION AND NO.
NM 25458
6. IF INDIAN, ALLOTTEE OR TRIBE

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
Petroleum Development Corporation

3. ADDRESS OF OPERATOR
9720 B Candelaria N.E. Albuquerque, NM 87112

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

660' FSL & 1980' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gulf-McKay Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT
Bone Springs

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

Sec. 34 T18S R32E

14. PERMIT NO.

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

3715 KB

3697 GL

12. COUNTY OR PARISH

Lea

13. STATE

NM

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

change of operator

(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.)

Hayco Corporation took over as operator.

Harvey E. Yates Co. - OPERATOR
Roswell, NM

Took

RECEIVED

Dec 20 11 06 AM '89

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

SIGNED

TITLE

Production Manager

DATE

8-31-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DEC 1 1969

ODD
HOBBS OFFICE