

UNIT STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 1004-0115
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. NM-53380	
2. NAME OF OPERATOR Harvey E. Yates Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, NM 88201		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 330' FEL & 1650' FSL		8. FARM OR LEASE NAME Caviness "10" Fed.	
14. PERMIT NO. 30-025-29849		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3992.4 GL		10. FIELD AND POOL, OR WILDCAT Mescalero Escarpe Bone Spr	
		11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA Sec. 10, T-18S, R-33E	
		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	<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 PLANT	<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 type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> spud & csg report		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.) *

3/4/87 MI & spud well @ 2:45pm
Ran 10 jts, 13 3/8, 54.5#, ST & C, set @ 415'
Cement w/450 sks Class "C"
Circ 60 sks to pit - Plug down @ 1:15 am 3/5/87 - WOC 12 hrs
Test csg - 600#/30 min - Held OK

3/8/87 Ran 85 jts 8 5/8, 24 & 32#, J-55, ST&C csg, set @ 3150'
Cement w/1150 sks Howco Lite & 200 sks Class "C"
Plug down @ 3:20 am 3/8/87, circ 200 sks to pit
WOC-12 hrs, Test csg-1200#/30 min - Held OK

RECEIVED

MAR 11 1987

HOBBS, NEW MEXICO

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

SIGNED N.M. Young

TITLE Drilling Superintendent

DATE 3/9/87

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

MAR 15 1987

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

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MAR 19 1981

OCD

HOBBS OFFICE