

Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, New Mexico 88202

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

At surface

990' FNL & 660' FEL; Unit letter A

14. PERMIT NO.

30-025-30330

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

4007.6 GL

5. LEASE DESIGNATION AND SERIAL NO.

30-025-30330 / AM-53330

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Caviness 10 Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Mescalero Escarpe Area Spring

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

Sec. 10, T18S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

16. 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* ☐

(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 perti-
nent to this work.)*

10-20-89 Acidize perfs: 8629-8686' (OA) w/20,000 gals 20% NEFE & 25,000 gals overflush.

10-21-89 Acidize perfs: 8524-74' (OA) w/20,000 gals 20% NEFE & 20,000 gals overflush.

10-22-89 Hang back on pump. SN @ 8761', anchor @ 8290'.

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

SIGNED

TITLE Production Mgr/Engineer

DATE 11-6-89 skh

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

RECEIVED

NOV 15 1989

OCD
HOBBS OFFICE