

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
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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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO NM-53381	
2. NAME OF OPERATOR Harvey E. Yates Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, N.M. 88202		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 D; 990' FNL & 330' FWL		8. FARM OR LEASE NAME Caviness 11 Federal	
14. PERMIT NO 30-025-30634		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4043.4 FL		10. FIELD AND POOL, OR WILDCAT Mescalero Escarpe Bone Spring	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 11, T18S, R33E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

10/23/90 Perf 8971, 79, 89, 94, 9117, 37, 55, 90 & 9223' (1 spf-9 holes)
10/24/90 Acdz w/3000 gals 15% SRA & 18 BS
10/30/90 Frac perfs 8971-9223' (oa) w/77,500 gals WF-40 & 102,260# 16/20 Carbolite
11/1/90 Clean out to 9377' (PBTB)
11/2/90 Set anchor @ 8422 & SN @ 8873';
11/3/90 RIH w/2" x 1 1/2" x 16' pmp & rods; Hand well on production

Adm

RECEIVED
DEC 7 11 40 AM '90
OIL & GAS
ADMINISTRATION

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

SIGNED Ray E. Bates TITLE Prod Mgr/Eng DATE 12/6/90
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side