

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-53381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Caviness 11 Federal

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Mescalero Escarpe

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

Sec. 11, T18S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

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 & 330' FWL

14. PERMIT NO.

30-025-30634

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

4043.4 GL

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)

TD & csg job

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 pertinent to this work.)\*

TD 7 7/8" hole @ 9435 @ 8:00 am 7/17/89

5/18/89 Ran 226 jts 5 1/2 17# csg, Set @ 9435'  
Cmtd w/1325 sks PSL "H" + 350 sks CI "H"  
PD @ 10:00 pm 7/18/89  
RR @ 4:00 am 7/19/89

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

SIGNED NM Young NM Young

TITLE Drilling Superintendent

DATE 7/20/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

AUG 08 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO