

N. M. OIL CONS. COMMISSION  
P. O. BOX 1000  
HOBBS, NEW MEXICO 88240

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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.)

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, New Mexico 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 330' FWL & 990' FNL	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 GL	10. FIELD AND POOL, OR WILDCAT Mescalero Escarpe
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Spud & csg jobs <input checked="" type="checkbox"/>	
(Other) <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.) \*

6/26/89 Spudded 17 1/2" hole @ 3:30 pm

Ran 10 jts 13 3/8 54.5# (434.48'), Set @ 429'  
Cmtd w/425 sks Cl "C" w/2% CaCl,  
PD @ 12:30 am 6/27/89, Circ 80 sks to pit,  
WOC 12 hrs, Test csg 600# for 30 min-Held ok

6/30/89 TD 12 1/4" hole @ 3158'

Ran 44 jts 8 5/8 32# (1799') + 34 jts 8 5/8 24# (1366'), Set @ 3158',  
Cmtd w/1400 sks 65/35 poz w/2% CaCl + 200 sks Cl "C" w/2% CaCl,  
PD @ 9:30 am 6/30/89 pm 6/30/89, Cmt did not circ,  
Ran Temp Survey-TOC @ 320', Ready mix to surface,  
WOC 12 hrs, Test csg 1200# for 30 min-Held ok

(NOTE: Temp Survey will be mailed ASAP)

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

SIGNED

*A. M. Young*

NM Young

TITLE Drilling Superintendent

DATE 7/3/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: