

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NMNM27573

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bate Federal

9. WELL NO.

3

10. FIELD AND POOL OR WILDCAT

Gem Yates, East

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

35-T19S-R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL ☐ GAS ☐ OTHER ☒ SWD Well

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
Estacado, Inc.

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

NE/4 NW/4, Unit C
330' FNL & 1980' FWL

14. PERMIT NO.

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

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | |
|---------------------|----------------------|
| TEST WATER SHUT OFF | PULL OR ALTER CASING |
| FRACTURE TREAT | MULTIPLE COMPLETE |
| SHOOT OR ACIDIZE | ABANDON* |
| REPAIR WELL | CHANGE PLANS |
| (Other) | |

| | |
|-----------------------|-----------------|
| WATER SHUT OFF | REPAIRING WELL |
| FRACTURE TREATMENT | ALTERING CASING |
| SHOOTING OR ACIDIZING | ABANDONMENT* |
| (Other) | |

(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.)*

Acidized w/2000 gals 15% N.E. Acid & Flushed w/30 bbls water on July 19, 1990

Water injection increased

RECEIVED

JUL 31 11 08 AM '90

OFFICE

CARL AREA

OFFICE

JUL 30 11 08 AM '90

OFFICE

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

SIGNED

Donald L. Early

TITLE

President

DATE

7/27/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side