

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instruction,
verse side)

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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 BLK. AND
SURVEY OR AREA

35-T19S-R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 ☐ GAS WELL ☐ OTHER SWD Well
2. NAME OF OPERATOR
Estacado, Inc.
3. ADDRESS OF OPERATOR
P. O. Box 5587, Hobbs, NM 88241
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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

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 perti-
nent to this work.)*

To acidize w/2000 gals 15% N.E. Acid & Flush w/50 bbls water.

To increase water injection.

RECEIVED

JUL 20 10 57 AM '90

CARLSBAD DISTRICT
AREA HEADQUARTERS

RECEIVED
JUL 19 12 03 PM '90
BUREAU OF LAND MANAGEMENT

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

SIGNED

TITLE

President

DATE

7/17/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

7-25-90

CONDITIONS OF APPROVAL, IF ANY:

Subject to
LHO Approval

*See Instructions on Reverse Side

RECEIVED

JUL 27 1990

HONOLULU