

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-16350-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
8910180420

8. Well Name and No.
YOUNG DEEP UNIT # 5

9. API Well No.
30-025-27336

10. Field and Pool, or Exploratory Area
YOUNG BONE SPRING, N.

11. County or Parish, State
LEA COUNTY, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other **WIW**

2. Name of Operator
Harvey E. Yates Company

3. Address and Telephone No.
P.O. Box 1993 , Roswell, NM 88202 1-505-623-6601

4. Location of Well (Footage, Sec., T., R., M, or Survey Description)
**1980' FEL & 660' FNL
B, SEC. 10, T-18S, R-32E**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change in Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other INTEGRITY TEST	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)

WELL FAILED INTEGRITY TEST INDICATING EITHER PACKER OR TUBING FAILURE. PER OCD REQUIREMENTS TUBING WAS PULLED AND FOUND TO HAVE A 1/2" HOLE IN ONE JT. THE PACKER WAS SHOPPED AND INJECTION STRING WAS TESTED WHILE RUNNING IN HOLE. 4 1/2" NICKLE PLATED LOC-SET PACKER WAS RUN TO 8409' AND PACKER FLUID PUMPED TO PACKER. PACKER WAS SET AND ANNULUS TESTED TO 500 #s FOR 30MIN. NOTE: OCD NOTIFIED AND HEYCO WAS INFORMED TO PROCEED DUE TO STAFF SHORTAGE. SEE ATTACHED COPY OF CHART. IF NEED OF FURTHER INFORMATION PLEASE CONTACT ME AT THE ABOVE PHONE NUMBER.

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

Signed RAY F. NOKES Title PROD. MGR./ ENG. Date 12/27/99

(This space for Federal or State office use)

Approved by ORIGINAL SIGNATURE Title DATE Date 12/27/99

Conditions of approval, if any:

This 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Intruction on the Reverse Side

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