

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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☐ Water Injection Well

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
1980' FFL & 660' FNL

14. PERMIT NO.
30-025-27336

15. ELEVATIONS (Show whether DP, RT, OR, etc.)
3864.3 GL

5. LEASE DESIGNATION AND SERIAL NO.

NM 16350-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Young Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

North Young Bone Spring

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

Sec. 10, T18S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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)

CELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

6-29-89 Test plastic coated tbq to 5000# above slips. Test ok. Total of 253 jts in hole.
Pump pkr fluid & set pkr @ 8109'. Test csg & pkr to 500# for 30 min, held ok,
(see attached chart). Put back on injection.

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

SIGNED

TITLE Production Manager/Engineer

DATE 6-30-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

