

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-16350

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

N. Young Bone Springs

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

Sec. 10, T-18S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P. O. Box 1933, Roswell, New Mexico 88201

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

At surface

1980' FEL & 660' FNL

Same

14. PERMIT NO.

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

3864.3' GR

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) ☐

PULL 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* ☐

Convert well to WIW

(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.)*

4/29/86 MI and RU PU. ND Tree & NU BOP. POH w/tbg & pkr.

4/30/86 RIH w/4 1/2" Nickle Plated Lok Set, SN 2 3/8" plastic coated tbg to 8300'.
Spot pkr fluid. Set pkr & test to 1000# for 15 min - held o.k. ND BOP &
NU Master Valve.

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

SIGNED Layne Collins

TITLE Production Analyst

DATE 5/9/86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side