

N. M. OIL CONG. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
Harvey E. Yates Company

3. ADDRESS OF OPERATOR
P. O. Box 1933, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE 660' FNL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

1/25/84 Acidize Bone Springs w/10,000 gal 20% NEFE w/scale inhibitor & 10,000 gal FW flush. Put well back on unidraulic.

5. LEASE
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 OR WILDCAT NAME
North Young Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-18S, R-32E
12. COUNTY OR PARISH 13. STATE
Lea NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3864.3' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Ray T. John TITLE Reservoir Engineer DATE March 20, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

MAY 16 1984

Carlsbad,

NEW MEXICO

See instructions on Reverse Side

RECEIVED

MAY 18 1984

O.C.D.
HOBBS OFFICE