

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-077004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 19

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Tonto Bone Spring South

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

Sec. 19, T19S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, N.M. 88202

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

At surface Unit Letter N; 660' FSL & 1980' FWL

14. PERMIT NO.

30-025-27730

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

3602 (GL)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☒

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

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.)*

- 1) Set CIBP @ 9687' for temporary abandonment of Bone Spring zone,
- 2) Perf & test Delaware zone.

Verbally approved by Adam Salameh

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

SIGNED

Tim Gum

Tim Gum

TITLE

Engineer

DATE 2/21/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

3-5-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side