

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 well ☒ gas well ☐ other ☐
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. See space 17 below.)
AT SURFACE: 660' FSL & 660' 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 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) Spud & run casing <input checked="" type="checkbox"/>	<input checked="" 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.)*

Spud well @ 9:00 p.m. 9/5/84. Ran 17 jts 13 3/8" J-55 ST&C csg to 650'.
Cmt w/300 sxs light weight 3, 1/4# floseal & 2% CaCl; 200 sxs class "C"
w/2% CaCl. Text to 1000# - held o.k.

5. LEASE
NM-036852
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Young Deep Unit 3 Federal
8. FARM OR LEASE NAME
9. WELL NO
2
10. HILL OR WILDCAT NAME
N. Young Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T-18S, R-32E
12. COUNTY OR PARISH 13. STATE
Lea NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3872.1 GL

(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 J. Oaker TITLE Reservoir Eng. DATE 9/10/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

SEP 12 1984

Carl [Signature], NEW MEXICO *See Instructions on Reverse Side

RECEIVED

SEP 13 1984

C.C.P.
HOBBS OFFICE