

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-01 to
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 9018

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

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 and in accordance with any State requirements.*

See also space 17 below.)
At surface

330' FNL & 1980' FEL

14. PERMIT NO.

30-025-29100

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

3836.5 GL

7. UNIT AGREEMENT NAME

Young Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.

19

10. FIELD AND POOL OR WILDCAT

Undes. Bone Springs

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

Sec. 9 T-18S R-32E

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

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF

WELL OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRACURE TREAT

RE-THIEF CEMENT, ETC.

FRACURE TREATMENT

ALTERING CASING

SHOOTING OR RIZING

ABANDONMENT*

SHOOTING OR RIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other) Isolate zones. ☒ JA

Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.

17. TO DESCRIBE PROPOSAL OR COMPLETED OPERATIONS, OTHER STATE APPROPRIATE DETAILS, and give pertinent dates, including estimated date of starting and
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.*

11/26/85 Set CIBP @ 5220' to isolate Delaware & San Andres formations. Shut well
in for evaluation.

APPROVED FOR 12 MONTH PERIOD

ENDING 12/3/86

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

SIGNED

N.M. Young

N.M. Young

TITLE Drilling Superintendent

DATE 12/2/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-3-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 4 - 1985

HOUSE OFFICE