

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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

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
660' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3829.3 GL ?

5. LEASE DESIGNATION AND SERIAL NO.
NM-0555567

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Blanco 5 Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec 5 T-18S R-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

18. 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)

PCLL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐

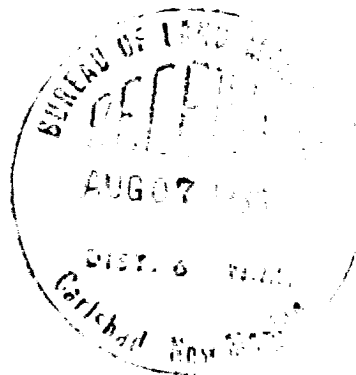
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) RIH w/13 3/8" csg.

(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.)

5/3/85 Spud well @ 5:30 pm 5/3/85.
RIH w/12 jts 13 3/8" 54.5# csg. Set @ 461'.
Cmt w/400 sxs. Circ 100 sxs to pit. PD @ 6:00 am 8/3/85.
Test BOP & csg to 600# for 30 minutes.



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

SIGNED N.M. Young

TITLE Drilling Superintendent

DATE 8/5/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 7 1985

*See Instructions on Reverse Side

RECEIVED

AUG 13 1985

1-10-1985