

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

5. LEASE DESIGNATION AND SERIAL NO

NM-63365

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tank 1 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

N. Young Bone Spring

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

Sec. 1, T18S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, New Mexico 88202

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

At surface

1650' FSL & 990' FWL

14. PERMIT NO

30-025-29888

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

3900 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) TD & Csg report

(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 perti-
nent to this work.)*

12/21/87 TD Well @ 8730
Ran 8730' 5 1/2, J-55, 17# csg
Cemented w/1375 sks Lite-Wate & 250 sks Class "H"
Plug down @ 12:01 pm, 12/23/87
Release rig @ 6:15 pm, 12/23/87

ACCEPTED FOR RECORD

JAN 7 1988

CARLSBAD, NEW MEXICO

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

SIGNED A. M. Young NM Young TITLE Drilling Superintendent DATE 12/29/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side