

Form 3160-5
November 1983)
Formerly 9-331)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. NM 55145	
2. NAME OF OPERATOR Harvey E. Yates Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter D, 330' FNL & 990' FWL		8. FARM OR LEASE NAME Querecho Plains 22 Federal	
14. PERMIT NO. 30-025-30266		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3781.8 GL		10. FIELD AND POOL, OR WILDCAT Young Bone Spring	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 22, T18S, R32E	
		12. COUNTY OR PARISH Lea	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 @ 6950' w/30' ^{35'} ant on top. (SJS)
2. Set CIBP @ 6050' w/20' ^{35'} ant on top.
3. 100' plug across intermediate shoe @ 2820' (plug from 2770'-2870').
4. Cut 5 1/2" csg @ 1200' +/- and pull. Pump 100' plug (50' in & out of cut off and tag)
5. 100' plug @ 900' (top of Salt).
6. 100' plug across surface shoe @ 400' (from 350-450')
7. 10 SXS surface plug & dry hole marker.
8. Clean location.

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

SIGNED

TITLE

Production Manager/Engineer

DATE April 4, 1989

(This space for Federal or State office use)

APPROVED BY

FOR: TITLE

DATE 5-22-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side