

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM 3160-5
SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 Co.

3. ADDRESS OF OPERATOR

P.O. Box 1933 Roswell, N.M. 88202

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

1650' FSL & FEL

14. PERMIT NO.

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

3900.2 GL.

5. LEASE DESIGNATION AND SERIAL NO.
NM 63365

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EW 1 Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

N. Young Bone Springs

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

Sec. 1, T-18-S, R-32-E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Pressure rating change

(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.)*

Please be advised that the above captioned well will be a 2 m psi rated well even though the rig equipment is a 3 m psi rating.

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

SIGNED A. M. Young NM Young

TITLE Drilling Superintendent

DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY Shannon Shaw
CONDITIONS OF APPROVAL, IF ANY:

FOR: CHIEF, MINERAL RESOURCES
TITLE

DATE 6-29-89

RECEIVED