

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

CSF

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> FEB 02 '88</p> <p>2. NAME OF OPERATOR Harvey E. Yates Company ✓</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202 ARTESIA, OFFICE</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FS & EL</p> <p>14. PERMIT NO 30-015-25847</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3715.2 GL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO NM-2537</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME South Taylor 13 Federal</p> <p>9. WELL NO. #2</p> <p>10. FIELD AND POOL, OR WILDCAT E. Shugart Delaware</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR ALBA Sec. 13, T18S, R31E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>
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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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>TD & Csa report</u>	<input checked="" 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.)*

1/9/88 TD @ 5448
Ran 5460' 5 1/2, 15.5# J-55 csg, Set @ 5448
Cemented w/1050 sks filler & 300 sks tail end
Plug down @ 12:15 pm 1/10/88
Release rig @ 7:00 pm 1/10/88

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

SIGNED A. M. Young NM Young TITLE Drilling Superintendent DATE 1/13/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR PERMIT

JAN 20 1988

SJS

*See Instructions on Reverse Side

CAROLINA, NEW MEXICO