

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved:
Budget Bureau No. 1004-0113
Expires August 31, 1985

C/SF

RECEIVED
LC-062052

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.)

JAN 25

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

10 52 17 '89

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hudson 11 Federal

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Tamano Bone Spring

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

Sec. 11, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Harvey E. Yates Company

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 2310' FNL & 2310' FEL

14. PERMIT NO. 30-015-25893

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3742.7 GL

RECEIVED

FEB 10 '89

ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
(Other) <u>csg report</u>			

(NOTE: Report results of multiple completion on Well Completion or Re-completion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and subs pertinent to this work.)*

6/21/88 TD well @ 9119 ft.
Ran 5 1/2" csg to 9119 ft, Cemented w/1200 sks filler & 350 sks tail-end
Plug down @ 7:30 am 6/23/88
Release Rig @ 1:30 pm 6/23/88

I hereby certify that the foregoing is true and correct

SIGNED N.M. Young TITLE Drilling Superintendent DATE 6/24/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR RECORD
DATE

FEB 10 1989

*See Instructions on Reverse Side

SJS