

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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"/>		5. LEASE DESIGNATION AND SERIAL NO NM-11118
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 2310' FNL & 990' FEL unit H		8. FARM OR LEASE NAME North Young 3 Federal
14. PERMIT NO. 30-025-30784	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3900.2 GL	9. WELL NO. #1
		10. FIELD AND POOL, OR WILDCAT North Young - Bone Spring
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T18S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

6/12/90 Perf 2 shots @ 8724 & 8440'
 6/13/90 Acdz 8724 w/250 gals 15% NFFE & follow w/1000 sks cmt to sqz.
 6/14/90 Acdz 8440 w/250 gals 15% NFFE & follow w/1000 sks cmt to sqz.
 6/15/90 Drl out retainer & cmt to 8846 (PBSD)
 6/19/90 Perf 2 JSPF @ 8515-8711 (20 holes)
 Acdz w/200 gals 7 1/2% SRA + 3000 gals same & 40 RCN BS
 6/21/90 Frac perms 8515-8711 (20 holes) w/250,000 gals BS-50 & 1/4 HF +
 390,000# 16/20 LWP sand, Screened out w/5200 gals gone.
 6/24/90 Re-frac 8525-8711' w/17,000 gals 28% & 144,000 gals WF-50 w/140,000#
 16/20 LWP sand.
 7/1/90 Put on production 6/30/90

RECEIVED
 JUL 13 10 36 AM '90
 OFFICE OF THE
 AREA CHIEF

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

SIGNED Walter V. Teel TITLE Prod Sec. DATE 7/12/90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side