

N. M. O.C. CONS. COMMISSION UNITED STATES
P. O. BOX 1980 DEPARTMENT OF THE INTERIOR
HOBBS, NEW MEXICO 88240 GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Harvey E. Yates Company

3. ADDRESS OF OPERATOR
P. O. Box 1933, Roswell, New Mexico 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	
PULL OR ALTER CASING	
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other) Name change	<input checked="" type="checkbox"/>

5. LEASE
NM-4364

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Young Deep Unit 4 Federal

8. FARM OR LEASE NAME

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
North Young Bone Springs

11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA
Sec. 4, T-18S, R-32E

12. COUNTY OR PARISH 13. STATE
Tol. NM

14. APPL. NO.

15. ELEVATIONS (SHOW DE., KDB, AND WD)
3862' GL

(NOTE: Report results of multi-ple completion or zone change on Form 9-336.)

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.)*

The O.C.D. has required us to change the name of our wells for statistical reasons, the following changes have been made.

Young Deep 3 Federal #1	to	Young Deep Unit 3 Federal #1
Young Deep 3 Federal #3	to	Young Deep Unit 3 Federal #3
Young Deep 3 Federal #4	to	Young Deep Unit 3 Federal #4
Young Deep 3 Federal #5	to	Young Deep Unit 3 Federal #5
✓ Young Deep 4 Federal #1	to	Young Deep Unit 4 Federal #1
Young Deep 4 Federal #2	to	Young Deep Unit 4 Federal #2

Subsurface Safety Valve: Manu. and Type _____ Sat @ _____ Ft.

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

SIGNED V. P. Operations TITLE V. P. Operations DATE August 17, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

AUG 22 1984

[Signature]

NEW MEXICO See Instructions on Reverse Side

RECEIVED
AUG 24 1984
C. G. G.
HOBBY OFFICE