

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. NM-14789a
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 88201		7. UNIT AGREEMENT NAME Young Deep Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3845.3'		10. FIELD AND POOL, OR WILDCAT North Young Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T18S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(Other) ☐

(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.)\*

6-19-87 Acidize w/500 gals 15% HCL. Test pkr @ 500# for 30 minutes. Held ok.  
See attached recorder strip. Put well back on injection.

ACCEPTED FOR RECORD

JUL 8 1987

SJS

CARLSBAD, NEW MEXICO

HOBBS, NEW MEXICO

RECEIVED

JUL 7 11 14 AM '87

CARLSBAD RESOURCE  
AREA HEADQUARTERS

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

SIGNED

Ray F. Nokes (SJS)

TITLE

Production Manager/Engineer

DATE

July 1, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side