Form 3160-5 (November 1003)	UN ED ST	ATESM OIL	CONSUBICIPATIN STRIF	TE.	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985	cKI	
(Former ETVED BY DEPARTMENT OF THE INTERIOR (Other instruction, a re BUREAU OF LAND MANAGEMENTA, NM 88210				△ re- 5.	5. LEASE DESIGNATION AND SERIAL NO. LC-029389-B		
AUG 13 SUNDRY NOTICES AND REPORTS ON WELLS				6.	6. IF INDIAN, ALLOTTEE OR TEIBE NAME		
(Do not use this form fo	r proposals to drill or to APPLICATION FOR PERM	deepen or plug bac [IT" for such proj	ek to a different reservoir. posais.)		¥		
I. OILARTESIA, OFFICE	THER			7.	UNIT AGREEMENT NAME		
2. NAME OF OPERATOR				8.	FARM OR LEASE NAME		
Harvey E. Yates Company					Hondo 4 Federal		
3. ADDRESS OF OPERATOR	000 Decus11 N			9.	WBLL NO.		
P. O. BOX 1933, ROSWell, NM 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				10.	2 FIELD AND POOL, OR WILDCAT		
See also space 17 delow.) At surface							
1980' FSL &	1980' FEL			11.	Und. Bone Springs . SPC., T., R., M., OR ELK. AND SURVEY OR ARMA		
14. PERMIT NO.		Show whether DF, R			Sec. 4, T-18S R-31E		
			r, GR, etc.)	12.	COUNTY OR PARISH 13. STATE		
13. Ch		7.2 GL		<u> </u>	Eddy I NM		
Cne		to Indicate Na	ture of Notice, Report,	or Other	r Data		
				BSEQUENT	REPORT OF :		
TEST WATER SHUT-OFF	PULL OR ALTER CAS		WATER SHUT-OFF		REPAIRING WELL		
SHOUT OR ACIDIZE	ABANDON*		FRACTURE TREATMENT Shooting or acidizing	,	ALTERING CASING		
REPAIR WELL	CHANGE PLANS		(Other) <u>RIH w/5</u>	L CSO	1		
(Other)			tompletion or Re	completion	nultiple completion on Well Report and Log form.)		
proposed work. If well is nent to this work.) *	directionally drilled, give	tate all pertinent of subsurface location	letails, and give pertinent (is and measured and crue v	dates, inclu vertical deg	iding estimated date of starting any pths for all markers and sones perti-		
PII	H w/211 jts 5 1/ ug down @ 3:45 a ug down @ 10:30	am //11/85.	Circ 6 hrs. Cmt	Cmt 1s 2nd st	st stage w/550 sxs. tage w/915 sxs.		
					х.,		
					· · ·		
					1. Ž		
8. I hereby certify that the foreg SIGNED A.M.U.M.	N.M. Young	more Drill	ing Superintende		<u> </u>		
(This space for Federal or Sta			**** ~ *******************************	<u></u>	DATE 8/1/85		
	· · · · · · · · · ·						
APPROVED BY <u>ACCEPTE</u> CONDITIONS OF APPROVAL	JEFANY:	TITLE		·····	DATE		
	G 1 2 1985						
707		e Instructions or	n Reverse Side				

Title 18 U.S.C. SCARLEBAD and it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.