| orm 3160-5<br>lovember 19<br>Formerly 9-                        |  | BURE  | AU OF LAND M   | ANAGEMENT  | SUBMIT IN TRIP. (Other instructions) R verse side)                           |             | Form approved Budget Bureau Expires Augus 5. LEASE DESIGNATION NM 33837 6. IF INDIAN, ALLOTTS | No. 1004<br>t 31, 198: | AL PO.                  |  |
|---|--|---|--|--|--|-------------|---|------------------------|-------------------------|--|
| (Do no  | SUND<br>of this top  | RY NO   | ICES AND I   | REPORTS OF STREET OF STREE | N WELLS k to a different reservol oceals.)                                   | r           | 4   |                        |                         |  |
| OIL X GAS WELL OTHER  HAMB OF OFERATOR  Harvey E. Yates Company |  |   |  |  |  |             | 8. FARM OR LEAGE HAME PMS 8 Federal   |                        |                         |  |
|   |  |   |  |  |  | 1           |   |                        |                         |  |
| 3. ADDRESS OF OPERATOR  |  |   |  |  | RECEIVED   |             | 9. WELL NO.   |                        |                         |  |
| P.O. Box  | 1933, Rosv   | vell, New   | Mexico 88202   | dance with any St  | ate requirements.*   |             | 10. PIELD AND POOL, OR WILDCAT  |                        |                         |  |
| See also sp   | ace 17 below.  | )   |  |  | OCT 14 '88   |             | North Shugart Bope Suc  |                        |                         |  |
| 635' FNL & 685' FEL   |  |   |  |  | O. C. D.   |             | Sec. 8, TISS, R3IE  |                        |                         |  |
| 14. PERMIT NO   |  |   | 15. ELEVATIONS   | Show whether DF, R   | ARTESIA, OFFICE  | [-          | 12. COUPTY OR PARIS   | E 18. STA              | TB                      |  |
| 30-015-25   |  |   | 3701.5   | GL.  |  |             | Eddy  | N                      | 1                       |  |
| 16.   |  | Check A   | ppropriate Box   | To Indicate Na   | ture of Notice, Repo   | ort, or Ot  | her Data  |                        |                         |  |
| NOTICE OF INTENTION TO:   |  |   |  |  | AUBABQUENT REPORT OF:  |             |   |                        |                         |  |
| TEST WATER SECT-OFF   |  |   | PULL OR ALTER CAS  | iiNo   | WATER SHUT-OFF   |             | REPAIRING   | -                      | _                       |  |
| FRACTUBE  | TREAT  |   | MULTIPLE COMPLET   | .E   | FRACTURE TREATME   |             | ALTERING (  | -                      | -                       |  |
| RHOOT OR  |  |   | ABANDON®   |  | (Other) Comple   | etion Sur   | ndry  |                        | _                       |  |
| REPAIR WI   | ELL  | لــا  | CHANGE PLANS   |  | (Nors: Repo  | t results o | f multiple completion<br>tion Report and Log fo   | os Well                |                         |  |
| 8–19–88<br>8–25–88  | gal HCL.  Set CIBP Swab test  Acid w/50 Frac w/90 Set CIBP | Swab test @ 8668 (r 000 gal H 7,500 gal @ 7850' 6 | new PBID) perf<br>CL & ball seale<br>BS 40 & 195,00<br>& perf 2 SPF fo | @ 7877-8308 (<br>ers. Swab test<br>OC 1bs, 16/30   | PBID @ 8919. Perf.  1 SPF). Breakdown  sand. Test for pro  2', 25 holes. Aci | perfs w/    | 3500 gal Nars &   | ball sea               |                         |  |
|   | to test.   | Put on  | production.  |  |  |             |   | en 15                  |                         |  |
|   |  |   |  |  |  |             | * * * *   | ÷ 1                    |                         |  |
|   |  |   |  |  |  |             |   | r                      | 73<br>101               |  |
|   |  |   | /?   |  |  |             |   |                        | $\langle \cdot \rangle$ |  |
|   |  |   | ~<br>~ N   |  |  |             |   |                        | EVED                    |  |
| 18. I hereby co   | colly that the   | e foregolog                                       | is true and correct  | TITLE Produ  | ction Manager/Eng  | inær        |   | -88                    | skh                     |  |
| (This space   | e for Federal  | or State of                                       | lee use)   |  |  |             | EPTED FOR RE  | CORD                   |                         |  |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:               |  |   |  |  | OCT 1 3 1988   |             |   |                        |                         |  |
|   |  |   |  |  |  |             | SJS   |                        |                         |  |
|   |  |   | ac.  |  | - Payara Sida  |             |   |                        |                         |  |

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO