

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		MAR 21 '88	
2. NAME OF OPERATOR HARVEY E. YATES COMPANY ✓		C. C. D.	
3. ADDRESS OF OPERATOR P.O. BOX 1933, ROSWELL, NEW MEXICO 88202		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1930' FNL 1980' FNL & 660' FEL		5. LEASE DESIGNATION AND SERIAL NO IC 062052	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME HUDSON 11 FEDERAL		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT TAMANO BONE SPRING		11. SEC., T., R., M., OR BLE. AND SUBST OR AREA SEC. 11, T18S, R31E	
12. COUNTY OR PARISH EDDY		13. STATE NM	
14. PERMIT NO. API #30-015-25740		15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3766' GL 3755'	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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.)

- 2-11-88 Perf 8214, 31, 35, 39, 52, 64, & 69 (7 holes). Set RBP @ 8341', acidize w/2250 gals 7 1/2% SRA
- 2-13-88 Frac perms 8214 - 8259', w/42,000 gals (w/CO2) DS-45 & 80,500#, 16/30 Ottawa.
- 2-17-88 Run SN to 8277', anchor 7856'.
- 2-18-88 Run pump and rods & hang on production.
- 2-26-88 POH w/rod & pump, POH w/tbg, anchor & SN. GIH w/SN, anchor & tbg. SN @ 7952', anchor @ 7531', Run pump & rods. Han on production. Turn over to pumper.

RECEIVED
MAR 3 11 03 AM '88
CARLSBAD COURSE
AREA HEADQUARTERS

18 I hereby certify that the foregoing is true and correct

SIGNED

TITLE Production Manager/Engineer

DATE March 1, 1988

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
DATE

MAR 14 1988

*See Instructions on Reverse Side

SSS
CARLSBAD, NEW MEXICO