

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

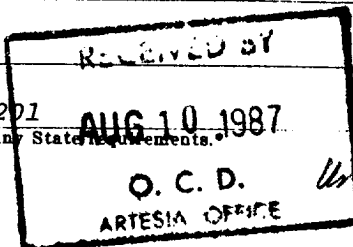
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Harvey E. Yates Company		8. FARM OR LEASE NAME Taylor Deep 12 Federal	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88201		9. WELL NO. #1-Y	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2235' FSL & 2235' FWL		10. FIELD AND POOL, OR WILDCAT Wildcat Tamano BS	
14. PERMIT NO. 30-015-25759		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3764.6 GL	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-18S, R-31E		12. COUNTY OR PARISH Eddy	
		13. STATE NM	



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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	5 1/2 casing		

(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.) *

6/27/87 TD well @ 9:00 pm at 9500 ft., TVD
Ran logs & ran 9520', 5 1/2 csg, set @ 9500'
DV tool set @ 6462'
Cemented in two stages: 1st- 275 sks DWL III & 500 sks 7-7 SS, Circ 75 sks to surface.
2nd stage - 1200 sks DLW III & 200 sks 7-7 SS, Circ 35 sks to pit.
Plug down @ 7:30 am 7/1/87
RR @ 1:30 pm 7/1/87

ACCEPTED FOR RECORD

SJS
AUG 7 1987

CARLSBAD, NEW MEXICO

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

SIGNED A. M. Young NM Young TITLE Drilling Superintendent DATE July 28, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side