

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

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 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, N.M. 88202		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 Unit K; 2235' FSL & 2235' FWL		10. FIELD AND POOL, OR WILDCAT Tamano-Bone Springs	
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, T18S, R31E		12. COUNTY OR PARISH Eddy	
13. STATE N.M.			

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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input 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.)*

Request to perforate 8939-9116' (oa) and acidize additional zone in the Bone Springs.

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

SIGNED <u>V. Teel</u>	TITLE <u>Production Analyst</u>	DATE <u>7/11/91</u>
(This space for Federal or State office use)		
APPROVED BY <u>Specialty Engineer J. Shaw</u>	TITLE <u>SPECIALTY ENGINEER</u>	DATE <u>7/23/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side