

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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-0560353 | |
| 2. NAME OF OPERATOR Harvey E. Yates Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88201 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 2160' FWL | | 8. FARM OR LEASE NAME Hale 11 Federal | |
| 14. PERMIT NO. 30-015-25778 | | 9. WELL NO. #2 / | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3354.1 GL | | 10. FIELD AND POOL, OR WILDCAT Wildcat UNO. BENSON-B.S. | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 11, T-19S, R-30E | |
| | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE NM | |

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 type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) TD & 5 1/2 csg report | X |
| (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.)*

8/27/87 TD @ 9800 Ft.

8/28/87 Ran 233 jts 5 1/2 17# csg. Set @ 9800 ft.
DV tool @ 6136
1st Stage: 225 sks Litewate & 410 sks SSI
Plug down @ 7:30 pm
2nd Stage: 925 sks Litewate & 100 sks Class 'H'
Plug down @ 2:30 am 8/29/87
Release rig @ 8:30 am 8/29/87

ACCEPTED FOR RECORD

SEP 14 1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED
SEP 8 8 28 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED

NM Young

NM Young

TITLE Drilling Superintendent

DATE 9/3/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side