		e Instructions on Reverse Side		1 - 1 1 1000
	APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		
<u></u> -	(This space for Federar or State office use)			ACCEPTED FOR RECORD
18.	I hereby certify that the foregoing is true and correct SIGNED / / / / / NA Young	TITLE Drilling S	Superintenden	t _{DATE} Jan 26, 1988
	Cemented w/1000	5/8, 24# csg, Set D sks filler & 200) sks "C" w/2	% CaCl2 & 1/4# celloflake 00 psi/30 min-Held ok
	Cemented w/400	3/8, 54.5# csq, S	1/4# Cellofl	ake, Circ 80 sks to pit
17.	DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly s proposed work. If well is directionally drilled, give nent to this work.) *	tate all pertinent details, and subsurface locations and mea	give pertinent date sured and true verti	s, including estimated date of starting any cal depths for all markers and zones perti-
	REPAIR WELL CHANGE PLANS (Other)	Othe	ring on acidizing in Spud & CS (Note: Report result Completion or Recom	G report X s of multiple completion on Well pletion Report and Log form.)
	FRACTURE TREAT PULL OR ALTER CAS MULTIPLE COMPLET	FRACT	R SHUT-OFF	ALTERING CASING
	NOTICE OF INTENTION TO:	,		QUENT REPORT OF:
16.	and the parameter of th			
ì4	30-015-25832	Show whether DF, RT, CR, etc.)	ARTESIA, OFFICE	Sec. 11, T19S, R30E 12. COUNTY OR PARISH 13. STATE Eddy NM
4.	LOCATION OF WELL (Report location clearly and in accor See also space 17 below.) At surface 2130 FEL & 1980 FSL	dance with any State require	FEB 08 '88	Benson Bone Spring 11. SBC., T., B., M., OR BLE. AND BURVEY OR AREA
•	ADDRESS OF OPERATOR	Maurica 99202		9. Wall No. #2
2.	NAME OF OPERATOR Harvey E. Yates Company		RECEIVED	8. FARM OR LEASE NAME Hale 11 Federal
ī.	OIL GAS	11 — 107 such proposaus.)		7. UNIT AGREEMENT NAME
	SUNDRY NOTICES AND I	REPORTS ON WEL	LS erent reservoir.	8. IF INDIAN, ALLOTTEE OR TRIBE NAME
(F	BUREAU OF LAND M	ANAGENENT	00.03.0	NM-0560353
	orm 3160-5 November 1983) Ormerly 9-331) DEPARTML. [OF TI		instruction on a	