Use "APPLICATION FOR PERMIT-" for appropriately the second		7. UNIT AGREEMENT NAME			
OIL CAS OT	HER ST	esta, AN Contraction			
2. NAME OF OPERATOR Harvey E. Yates Company		RECEIVED	8. PARM OR LEASE NAM Hudson 11 Fede	- -	
3. ADDRESS OF OPERATOR P.O. Box 1933, RC	oswell, New Mexico 8820	12 HIN 15 100	9. WBLL NO. #4		
P.U. BOX 1933, ROSWEIL, New MEXICO 88202 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. 15'88		10. FIELD AND POOL, OR WILDCAT			
		O. C. D. ARTESIA, OFFICE	Tamano-Bone Springs		
			Sec. 11, T18S,	R31E	
14. PERMIT NO. 15 ELEVATIONS (Show whether DP, RT, CR, etc.)		12. COUNTY OR PARISH			
30-015-25893	3742.7	GL	Eddy	NM	
16. Chee	k Appropriate Box To Indicate	Nature of Notice, Report, or (Other Data		
			CENT REPORT OF :		
TEST WATER SHUT-OFF	PULL OR ALTER UNSING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	BEFAIRING W ALTERING CA ABANDONMEN	SING	
REPAIR WELL	CHANGE PLANS	(Other) Spud & CS (Norg: Report result Completion or Recourt	(Other) Spud & CSG JODS ~~~ X (Norr: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
 DESCRIBE PROPOSED OR COMPLET proposed work. If well is nent to this work.) * 	ED OFFRATIONS (Clearly state all pertin directionally drilled, give subsurface loc	ent details, and give pertinent dates actions and measured and true vertices.), including estimated date al depths for all markers	of starting any and zones perti-	
5/26/88 MI	& Spud well, TD @ 378 f	t.	CAT AND		

5/26/88	MI & Spud well, TD @ 378 ft. Ran 381 ft of 13 3/8", 54.5# csg, Set @ 378 ft. Cemented w/385 sks H.E.2 w/2% CaCL, Circ 20 sks to surface WOC 12 hrs, Test csg to 600 psi for 30 min-Held ok	10 S MI	RECE
5/30/88	TD 12 1/4" hole @ 2368 Ran 2377 ft of 8 5/8" 24 & 32# csg, Set @ 2368 ft Cemented w/1100 sks Dowell-Lite & 200 sks H.E.2 w/2% CaCl TH C	51 11 83	EIVED
	Circ 80 sks to surface WOC.12 hrs-Test csg to 1200 psi for 30 min-Held ok		4

<u>:</u>

I hereby certify that the foregoing is true and correct SIGNED	Drilling Superin	tendent	5/31/88	
(This space for Federal of State office use)				
APPROVED BY	TITLE	· · · ·	DATE	
CONDITIONS OF AFFROVAL IF ANT.		:	11 <u>2</u> 1988	
*S•	ee Instructions on Reverse Side	ide <u>station</u>		
		 Association 	心,把"空力"的现在分词	

United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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