

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other Instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

LC-029388-b

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Harvey E. Yates Company

OCT 23 80

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, New Mexico 88202

O.C.D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

P; 560' FSL & 990' FEL

ARTESIAN OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AJ 11 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Tamano Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 11, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

30-015-26082

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3739.5 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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.) \*

10/3/90 Perf Bone Spring from 8005-24' (19 holes)  
& Acidize w/2700 gals 20% NEFE  
10/5/90 Acidz w/10,000 gals 20% X-link + 5000 gals 20% Gelled acid  
10/9/90 Hang back on prod. SN @ 8288', Anchor @ 7887'

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

SIGNED

Ray Nokes

TITLE

Prod Mgr/Eng

DATE

10/15/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side