

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM
SUBMIT IN TRIPLICATE
(Other than Actions on re-
verse 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 GAS WELL OTHER

2. NAME OF OPERATOR
Harvey E. Yates Company

3. ADDRESS OF OPERATOR
P.O. Box 1933, Roswell, New Mexico 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL & 330' FWL

14. PERMIT NO.
30-015-26139

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3744.6 GL

RECEIVED
JUL 07 '89
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC-058709-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Taylor Deep 12 Federal

9. WELL NO.
#2

10. FIELD AND POOL, OR WILDCAT
Tamano Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T18S, R31E

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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	Spud & Csg jobs <input checked="" 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.)*

6/26/89 Spudded 17 1/2" hole @ 9:30 pm

Ran 9 jts 13 3/8 54.5# (363'), Set @ 348'
Cmtd w/350 sks Cl "C" w/2% CaCl
PD @ 11:30 am 6/27/89, Circ 112 sks to pit
WOC 12 hrs; Test csg 800# for 30 min-Held ok

6/30/89 TD 12 1/4" hole @ 2345'

Ran 59 jts 8 5/8 32# (2350'), Set @ 2345'
Cmtd w/1150 sks 65/35 poz w/2% CaCl + 200 sks Cl "C" w/2% CaCl,
PD @ 10:30 pm 6/30/89, Circ 204 sks to pit,
WOC 12 hrs, Test csg 1200# for 30 min-Held ok.

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

SIGNED A. M. Young NM Young TITLE Drilling Superintendent DATE 7/3/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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CARLOS...