

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-DATE  
(Other instructions on re-  
verse side)

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

45P

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. LC-058709-A	
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 88202		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 660' FSL & 330' FWL		8. FARM OR LEASE NAME Taylor Deep 12 Federal	
14. PERMIT NO. 30-015-26139		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3744.6 GL		10. FIELD AND POOL, OR WILDCAT Tamano-Bone Spring	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T18S, R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED

AUG 21 '89

O. C. D.  
ARTESIA OFFICE

W. M.

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

7/21/89 TD 7 7/8" hole to 8933  
7/24/89 P&A'd well as listed:  
35 sks "C" @ 5994-5894  
45 sks "C" @ 4864-4764  
45 sks "C" @ 2395-2295 (Tagged)  
45 sks "C" @ 398-298  
15 sks "C" @ surface  
Install dry hole marker & release equipment @ 9:30 am 7/25/89

RECEIVED

Post FD-2  
8-25-89  
P+H

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

SIGNED NM Young TITLE Drilling Superintendent DATE 8/1/89

(This space for Federal or State office use)

APPROVED BY [Signature] FOR CHIEF, ARTESIA OFFICE DATE 8-16-89

CONDITIONS OF APPROVAL, IF ANY  
Approved and the well will be  
Liability under the Act and  
surface restoration is completed.

\*See Instructions on Reverse Side