

NEW OIL COMB. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

215F

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-029388 (b)
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' FEL & 1650' FSL		8. FARM OR LEASE NAME AJ 11 Federal
14. PERMIT NO 30-015-26158		9. WELL NO. #2
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 3750.3 GL		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 Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Completion <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.) *

9/14/89 Perforate 8272-8684, Acids w/3250 gals & balls - Swab test
Run BHP
9/19/89 Set CIBP @ 8260, Perforated 8112-8204, Acids w/6300 gals 20% & balls -
Swab test
9/27/89 Squeeze perfs 8112-8204 w/300 sks "H"
9/30/89 Perf @ 7995-8126, Acids w/5000 gals & balls - Swab test
10/6/89 Acids w/10,000 gals
10/7/89 Put on pmp

RECEIVED
OCT 10 10 53 AM '89
ADM
OCT 10 1989
OIL & GAS DIVISION
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C.

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

SIGNED NM Young TITLE Drilling Superintendent DATE 10/13/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side