

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

| | |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM-12567 |
| 2. Name of Operator Harvey E. Yates Company | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P.O. Box 1993, Roswell, NM 88202 1-505-623-6601 | 7. If Unit or CA, Agreement Designation 8910180420 |
| 4. Location of Well (Footage, Sec., T., R., M. or Survey Description) 1650' FNL & 660' FWL E, SEC. 10, T-18S, R-32E | 8. Well Name and No. YOUNG DEEP UNIT # 24 |
| | 9. API Well No. 30-025-30783 |
| | 10. Field and Pool, or Exploratory Area YOUNG BONE SPRING, N. |
| | 11. County or Parish, State LEA CO., NM |

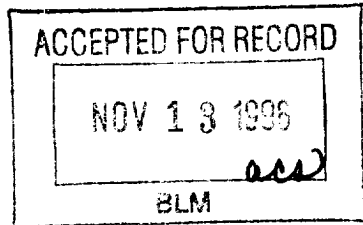
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>SQZ OFF PERFS</u> |
| | <input type="checkbox"/> Change in Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)

10-23-96 SQZD BONE SPRING CUTS (8477-8478) w/ 100 SKS CL "H" w/ .4% HALAD 9 TO 3000#;
19 SKS IN FORMATION. SD FOR 2 DAYS TO ALLOW CMT TO CURE.
10-25-96 DRL OUT CMT RET AND CMT. TEST PERFS TO 700# FOR 15 MINUTES. HELD OK
10-26-96 MADE SCRAPPER RUN AND RETESTED PERFS TO 700#. HELD OK.
10-30-96 RAN TBG AND ANCHOR. SN @ 9049' TAC @ 8312'.
RAN PUMP AND RODS. PUT BACK ON PRODUCTION.



RECEIVED
 NOV 4 10 27 AM '96
 BUREAU OF LAND MANAGEMENT
 ROSWELL, NM

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

Signed Ray F. Nokes RAY F. NOKES Title PROD. MGR./ ENG. Date 10/31/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

This 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on the Reverse Side