

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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. NM 2537
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 Unit Letter I, 1650' FSL & 660' FEL		8. FARM OR LEASE NAME South Taylor 13 Federal
14. PERMIT NO. 30-015-26150		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3727.2 GL		10. FIELD AND POOL, OR WILDCAT Shugart, 7-Rivers, Q, Grayburg, SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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.) *

8-8-89 Perf: 4765-69 (4 JSPF - 17 holes .41 holes)
8-9-89 Acdz 4765-69 w/2000 gals 7½% SRA, frac w/12,000 gals 30# X-link & 12,000# 16/30 Ottawa.
8-24-89 Set 5½" CIBP @ 4715' w/35' cmt (8-27-89 tagged cmt. PBTD now @ 4650)
Perf 4278-4614.5 (OA) 11 holes (.41)
8-25-89 Acdz perfs 4278-4614.5' (OA) w/3000 gals 10% SRA-100
8-26-89 Frac perfs 4278-4614.5 w/65,000 gals Wf45 & 60,000# Ottawa.
8-27-89 Run tbg & anchor, SN @ 4110 & anchor @ 3070'. Run pump (2" x 1½" x 20' x 24') and rods. Hang on pump

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

SIGNED

TITLE Production Manager/Engineer

DATE 9-1-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side