

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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"/>                                              | 7. UNIT AGREEMENT NAME                                                  |
| 2. NAME OF OPERATOR<br>Harvey E. Yates Company                                                                                                                | 8. FARM OR LEASE NAME<br>Corbin 15 Federal                              |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 1933, Roswell, New Mexico 88202                                                                                            | 9. WELL NO.<br>#1                                                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below)<br>At surface<br>1650' FNL & 660' FWL | 10. FIELD AND POOL, OR WILDCAT<br>Mescalero Escarpe - BS                |
| 14. PERMIT NO.<br>30-025-30327                                                                                                                                | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Sec. 15, T18S, R33E |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.)<br>3917.4 GL                                                                                                   | 12. COUNTY OR PARISH<br>Lea                                             |
|                                                                                                                                                               | 13. STATE<br>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 COMPLETION <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 PLANE <input type="checkbox"/>         | (Other) Completion                             |                                                  |
| (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.) \*

6/12/88 perforate @ 9892-9902, Acidize w/2750 gals 20% HCL, Swab test.  
6/17/88 Set CIBP @ 9825 (PBTD), Perforate @ 8842-52, Acidize w/2750 gals 20% HCL  
6/21/88 Abraza-jet holes @ 8846, Acidize w/500 gals 20% HCL, Swab test.  
6/23/88 Acidize w/10,000 gals 28% HCL, Swab test.  
6/24/88 Perforate @ 9279-9484, Acidize w/3000 gals 7 1/2% HCL.  
7/1/88 Frac w/66,000 gals BF 45 & 170,000# 20/40 sand.  
7/7/88 Put well on production.

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

|                                              |                                      |                    |
|----------------------------------------------|--------------------------------------|--------------------|
| SIGNED <u>N.M. Young</u>                     | TITLE <u>Drilling Superintendent</u> | DATE <u>7/7/88</u> |
| (This space for Federal or State office use) |                                      |                    |
| APPROVED BY _____                            | TITLE _____                          | DATE _____         |
| CONDITIONS OF APPROVAL, IF ANY:              |                                      |                    |

ACCEPTED FOR RECORD

JUL 23 1988

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO