

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS 88240

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-14789-A       |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| 2. NAME OF OPERATOR<br>Harvey E. Yates Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                    |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1933, Roswell, New Mexico 88201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             | 7. UNIT AGREEMENT NAME<br>Young Deep Unit               |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below)<br>At surface<br><br>660' FNL & 660' FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | 8. FARM OR LEASE NAME                                   |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| 14. PERMIT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15. ELEVATIONS (Show whether OF, AT, GR, etc.)<br>3863.8 GR | 9. WELL NO.<br>1                                        |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | 10. FIELD AND POOL, OR WILDCAT<br>N. Young Bone Springs |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| <table border="1"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT OFF</td> <td><input type="checkbox"/></td> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRAC TURE TREAT</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td> <td><input type="checkbox"/></td> <td>ABANDON*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td> <td><input type="checkbox"/></td> <td>CHANGE PLANS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td>Water Shut-off</td> <td><input type="checkbox"/></td> </tr> </table> |                                                             | NOTICE OF INTENTION TO:                                 |                          | SUBSEQUENT REPORT OF: |  | TEST WATER SHUT OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> | FRAC TURE 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: |  | Water Shut-off | <input type="checkbox"/> | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 10, T-18S, R-32E |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | SUBSEQUENT REPORT OF:                                   |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| TEST WATER SHUT OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                    | PULL OR ALTER CASING                                    | <input type="checkbox"/> |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
| FRAC TURE 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | Water Shut-off                                          | <input type="checkbox"/> |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | 12. COUNTY OR PARISH<br>Lea                             |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | 13. STATE<br>NM                                         |                          |                       |  |                     |                          |                      |                          |                 |                          |                   |                          |                  |                          |          |                          |             |                          |              |                          |        |  |                |                          |                                                                           |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Fully 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.\*

11/14/85 Press test csg to 500# for 30 Min - hold o.k.

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

SIGNED Wayne Collins TITLE Production Clerk DATE 11/15/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETION OF OPERATIONS

NOV 18 1985

\*See Instructions on Reverse Side

RECEIVED  
NOV 20 1985  
HOSPITAL SERVICE