

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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-16350-A
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) C, 660' FNL & 1980' FWL SEC. 10, T-18S, R-32E	8. Well Name and No. YOUNG DEEP UNIT #2
	9. API Well No. 30-025-27121
	10. Field and Pool, or Exploratory Area YOUNG BONE SPRING, NORTH
	11. County or Parish, State LEA

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 type="checkbox"/> Change in Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other RE-SQZ CARBONATE PERFS AND DRILL OUT. PUT BACK ON PROD.	<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.)

1. 9-25-93 ACDZ PERFS 8444-8528' w/ 750 Gals 15% HCL. 9-27-93 Sqz. w/ 100 sks Surf to 4500#s.
2. Drl out. 9-29-93 Re-sqz. perfs w/ 100 sks Cl "H" w/ .8% CFR 322. NO SQZ. Followed w/ 100 sks same but did not sqz.
3. 9-30-93 Sqz w/ 100 sks Cl "H" w/ .4% CFR 322 & 1/4#/sk Celloflake to 6500#. Drl out & test. Lost 70# in 15min.
4. 10-3-93 Sqz w/ 75 sks Cl "H" w/ .4% CFR 322 W/ 1/8#/sk Celloflake to 6800#. Drl out & test. Lost 50# in 15min.
5. 10-7-93 Sqz w/ 500 gals Flochek 1-1, 250 gals flochek 2-1 & 80 sks CL "H" w/ .8% Halad 9 to 4000#. Drl out & test. Lost 10# in 15min.
6. 10-22-93 Spot 10 sk plug from 9007 to 8930'. 10-23-93 tag plug @ 8942'.
7. Put back on production 10-24-93.

Work pit north of well head may be used in additional operation but will be backfilled as soon as operations have been completed!

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

Signed Ray F. Nokes Title PROD. MGR./ ENG. Date 11/2/93

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

Date 11/2/93