

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-036852
2. NAME OF OPERATOR Harvey E. Yates Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, N.M. 88202	7. UNIT AGREEMENT NAME Young Deep Unit 3 Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FEL Unit 0	8. FARM OR LEASE NAME
14. PERMIT NO. 30-025-27369	9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3864.9 GL	10. FIELD AND POOL, OR WILDCAT North Young Bone Springs
	11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA Sec. 3, T18S, R32E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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 COMPLETE <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) convert to WIW	X
(Other) <input type="checkbox"/>			

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.)

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

The OCD approved the conversion of this well to a water injection by Order No. PMX-159 dated November 1, 1990.

- 1) Pulled production equipment
- 2) Ran 2 3/8" plastic coated tubing and set nickel plated pkr @ 8337'.
Test tubing and casing annulus @ 300# for 30 min-Held ok
- 3) Start water injection 12/1/90 at a rate of 200 BWPD @ 420 psi

RECEIVED
DEC 14 11 11 AM '90
CIVIL
AREA

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

SIGNED Tim Gum TITLE Engineer

DATE 12/12/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 12-21-90

*See Instructions on Reverse Side