

Form 3160-5
November 1983)
Formerly 9-331)

N. M. OIL CONS. COMMISSION
P. O. BOX 1000
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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 40451
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 Amoco CP Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FSL & 1980 FEL		8. FARM OR LEASE NAME ---
14. PERMIT NO. 30-025-28297		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3775		10. FIELD AND POOL, OR WILDCAT North Young Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T18S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Test Delaware</u>	

(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.) *

7-7-89 Perf 4913-21 (8' 17 holes) 15 GM .41 holes. Set RBP @ 6275
7-7-89 Acidz perfs 4913-21, 2000 gals 7½% SRA 200 w/3% acetic
7-11-89 Frac down casing w/45,000 gals 40# WF w/3% HCL and ¼ HF + 55,000# 16/30 Ottawa
7-12-89 GIH w/tbg, SN, & anchor, SN @ 5091, anchor @ 4708
7-13-89 Run pump & rods & put back on pump to test Delaware

RECEIVED
JUL 25 10 52 AM '89

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

SIGNED Ray F. Wicks TITLE Production Manager/Engineer DATE 7-17-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 11 1989

*See Instructions on Reverse Side

SAS
CARLSBAD, NEW MEXICO

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States a false or fraudulent statement or representation as to any matter within its jurisdiction.