BUREAU OF LAND MANAGEMENT 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.) 7. UN OIL X GAB WELL OTHER HAMB OF OPERATOR Harvey E. Yates Company ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202 Location of Well (Report location clearly and in accordance with any State requirements.* Unit letter N, 660' FSL & 1980' FWL See also space 17 below.) At surface Unit letter N, 660' FSL & 1980' FWL	Order PORT OF: REPAIRING WRLL ALTERING CARING AMANDONMENT* tiple completion on Well eport and Log form.)
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plue back to a different reservoir. (Do not use this form for proposals to drill or to deepen or plue back to a different reservoir. (Dit	IT ADDRESS HAME ederal 19 th NO. IELD AND POOL, OR WILDCAT designated Bone Sprin EC., T., R., M., OR BLE. AND BURYET OR ARBA 2. 19, T19S, R33E OUNTY OR FARISH 18. STATE NM Outd PORT OF: REPAIRING WELL ALTERING CARING ABANDONMENT* tiple completion on Well eport and Log form.)
OIL X CARL OTHER WALL X SECTION OTHER NAME OF OPERATOR HAVE OF OPERATOR P.O. BOX 1933, ROSWell, New Mexico 88202 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* Sec also apace 17 below.) At surface Unit letter N, 660' FSL & 1980' FWL Sec also apace 17 below.) 4. FERNIT NO. 30-025-27730 3602.1 (GL) Check Appropriate Box To Indicate Nature of Notice, Report, or Other NOTICE OF INTENTION TO: TEST WATER SHCT-OFF PULL OR ALTER CIVING MULTIPLE CONFILTE ABANDON* CHANGE PLANS	CONTROL OF TABLE AND SURVEY OF THE CARRIED AND POOL, OR WILDCAT SEED AND SURVEY OR ARRA CONTROL OF TABLE AND SURVEY OR ARRANGE ARANDONMENT. ALTERING CARING ARANDON CONTROL OF TABLE AND CARRIED CARRING CARRING ARANDON MENT. Topic completion on Welleport and Log for Melleport and Melleport and Melleport and Melleport and Melleport and Melleport and Log for Melleport and
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ADDIESS OF OFFRATOR P.O. BOX 1933, ROSWell, New Mexico 88202 1. Location of well (Report location clearly and in accordance with any State requirements.* See also apper 17 below) At surface Unit letter N, 660' FSL & 1980' FWL Unit letter N, 660' FSL & 1980' FWL 4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 12. or 30-025-27730 3602.1 (GL) Le. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to: SUBSEQUENT S. TEST WATER SHITT-OFF PULL OR ALTER CANING WATER SHIDT-OFF FRACTURE TREAT ABAMBON' SHOOTING OR ACIDIZING Other) (Other) Change Plans (Other) (Other) Change Plans (Other) (Other) Change Plans (Other) (Form: Report results of mu (Portal proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dept nent to this work.)* 12-5-89 POH w/downhole jet pump, SN and TA. 12-6-89 RIH w/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH w/2½ x 1½ x 24' pump and rods, hang well on and tu over to pumper.	CELL NO. IELD AND FOOL, OR WILDCAT RESIGNATED BONE Sprin BC, T. R., M., OR BLE. AND BURYBY OR ARBA 19, T19S, R33E OUNTY OR FARBH 18. STATE NM Data PORT OF: REPAIRING WELL ALTRENG CARING ARANDONMENT* typis completion on Well eport and Log form.)
December of Netla (Report location clearly and in accordance with any State requirements.* See also appec 17 below.) At surface Unit letter N, 660' FSL & 1980' FWL See also appec 17 below.) 4. FERMIT NO. 30-025-27730 3602.1 (GL) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to: TEST WATER SHIT-OFF PULL OR ALTER CIVING NETWORK THE TRAIT SHOOTING OR ACTORIES ARANDON' REPAIR WELL CHANGE PLANS (Other) TO DAYS HAD. PROPUSED OR COMPLETED OFFRATIONS (Clearly state all pertinent details, and give pertinent dates, include proposed work, 11 well is directionally drilled, give subsurface locations and measured and true vertical dept nent to this work.) 12-5-89 POH W/downhole jet pump, SN and TA. 12-6-89 RIH W/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH W/2½ x 1¼ x 24' pump and rods, hang well on and two over to pumper.	CESIGNATED BONE SPIN HC., T., R., W., OR BLK. AND SURVEY OR AREA C. 19, T195, R33E OUNTY OR FARIAN 18. STATE NM Dafa PORT OF: REPAIRING WELL ALTERING CARING ARANDONMENT* tiple completion on Well eport and Log form.)
See also space 17 below.) At surface Unit letter N, 660' FSL & 1980' FWL See Unit letter N, 660' FSL & 1980' FWL WATER SHUT-OFF FRACTURE TREATMENT SHOUTH NO. SEE UNIT LETTER SHUT-OFF FRACTURE TREATMENT SHOUTH N	C., T., R., M., OR BLK. AND SURVEY OR AREA C. 19, T19S, R33E OUNTY OR FARIAH 18. STATE NM Ogid PORT OF: REPAIRING WELL ALTERING CARING ABANDONMENT* tiple completion on Well eport and Log form.)
4. PERMIT NO. 30-025-27730 3602.1 (GL) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to: Term water shirt-off PRACTURE TREAT MIDIOUT OR ACIDIZE REPAIR WELL 10ther) Tobas ride fractionally drilled, give subsurface locations and measured and true vertical dept nent to this work.) 12-5-89 POH W/downhole jet pump, SN and TA. 12-6-89 RIH W/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH W/2½ x 1½ x 24' pump and rods, hang well on and tu over to pumper.	OURTH OR ARRA 2. 19, 7195, R33E OURTH OR FARIAN 18. STATE NM Ogid FORT OF: REPAIRING WRLL ALTERING CARING ARANDONMENT* tiple completion on Well eport and Log form.)
4. PERNIT NO. 30-025-27730 3602.1 (GL) Check Appropriate Box To Indicate Nature of Notice, Report, or Other NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT ANDON' REPAIR WELL (Other) 7. DENS RIDE. PROPUSED OF CRASTION I (Clearly whate all pertinent details, and give subsurface locations and measured and true vertical dept ment to this work.) 12-5-89 POH w/downhole jet pump, SN and TA. 12-6-89 RIH w/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH w/2½ x 1¼ x 24' pump and rods, hang well on and tu over to pumper.	OUNTY OR F2EIBH 18. STATE NM OGFO FORT OF: REPAIRING WELL ALTERING CARING ABANDONMENT* tiple completion on Well eport and Log form.)
Check Appropriate Box To Indicate Nature of Notice, Report, or Other NOTICE OF INTENTION TO: TEST WATER SHIT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* CHANGE PLANS (Other) TO DEN'RIDE PROPUNED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, include proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depth nent to this work.) 12-5-89 POH w/downhole jet pump, SN and TA. 12-6-89 RIH w/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH w/2½ x 1¼ x 24' pump and rods, hang well on and tu over to pumper.	Order PORT OF: ARPAIRING WRUL, ALTERING CARING ARANDONMENT* tiple completion on Well eport and Log form.)
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TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SEPAIR WELL (Other) 7. DENY RIDE PROPUSED OR COMPLETED OPERATIONS (Clearly state nil pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dept nent to this work.) 12-5-89 POH w/downhole jet pump, SN and TA. 12-6-89 RIH w/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH w/2½ x 1½ x 24' pump and rods, hang well on and tu over to pumper.	ARPAIRING WELL ALTERING CARING ARANDONMENT* tiple completion on Well eport and Log form.)
PRACTURE TREAT ABANDON® BHOOTING OR ACIDIZE ABANDON® CHANGE PLANS CHANGE PLANS CHANGE PLANS CHANGE PLANS (Other) (Note: Report results of mu Completion or Recompletion or Recompleti	ALTERING CARING ARANDONMENT* tiple completion on Well eport and Log form.)
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, include proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dept nent to this work.)* 12-5-89 POH w/downhole jet pump, SN and TA. 12-6-89 RIH w/SN (SN set @ 10,441) and TA (set @ 9505). 12-7-89 GIH w/2½ x 1¼ x 24' pump and rods, hang well on and to over to pumper.	ne estimated date of starting and
12-7-89 GIH w/2½ x 1¼ x 24' pump and rods, hang well on and tu over to pumper.	<u>"'</u> —
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Aor	
8. I hereby certify that/the foregoing is true and correct	4 P
SIGNED TITLE Production Analyst	10 11 00
(This space for Federal or State office use)	DATE 12-11-89

*See Instructions on Reverse Side