

UNIT: STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPPLICA  
(Other instructions on  
reverse side)  
00240

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"/>	7. UNIT AGREEMENT NAME Young Deep Unit
2. NAME OF OPERATOR Harvey E. Yates Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR Box 1933, Roswell, NM 88201	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FSL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT N. Young Bone Springs
14. PERMIT NO. 30-025-28473	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3, T-18S, R-32E
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3871' GL	12. COUNTY OR PARISH Lea
	13. STATE NM

19. 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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.) \*

Proposed Procedure: (Test Upper Bone Springs)

- 1) MI & RU PU.
- 2) POOH w/rods & pump.
- 3) ND well head/NU BOP.
- 4) GIH & perforate interval @ 8316-77' OA.
- 5) Acidize tested zones.

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

SIGNED Stephen R. Lake TITLE Asst. Engineer DATE 10-7-85

(This space for Federal or State office use)

APPROVED BY Don Wood TITLE adg DATE 10-17-85  
CONDITIONS OF APPROVAL, IF ANY 08

\*See Instructions on Reverse Side

RECEIVED  
OCT 18 1985  
C.C.D.  
HCLBS OFFICE