BUR SUNDR Do not use this form for p	UNITED STATES PARTMEN F THE INTEL REAU OF LAND MA V NOTICES AND REPO Proposals to drill or to deepe PLICATION FOR PERMIT-	NAGEMENT 62 Hol PRTS ON WELLS en or reentry to a diff	25 N. Freuch obs, NM 88	FORM APPROVED DIVISION Budget Bureau No. 1004-0135 Dr. Expires: March 31, 1993 240ase Designation and Serial No. NM-03677 6. If Indian, Allottee or Tribe Name
	SUBMIT IN TRIPLI			7. If Unit or CA, Agreement Designation
1. Type of Well Gas Other			8. Weil Name and No. Amoco 1 Federal #1	
2. Name of Operator Harvey E. Yates Company				9. API Well No.
3. Address and Telephone No.	/			30-025-28889
P.O. Box 1933, Roswell, N 4. Location of Well (Footage, Sec., T., R., 1980' ESL 8. 40001 ESL	IM 88202 M., or Survey Description)			10. Field and Pool, or Exploratory Area
1900 FSL & 1980 FWL	11. County or Parish, State			
Unit K, Sec 1, T18S, R32E 12 CHECK APPRC		DICATE NATURE		Lea, NM PORT, OR OTHER DATA
TYPE OF SUBMISSIO	N			
Notice of Intent			TYPE OF AC	TION
		Abandonment Recompletion	[Change of Plans
Subsequent Report	ort	Plugging Back	Ĺ	New Construction Non-Routine Fracturing
Final Abandonme		Casing Repair		Water Shut-Off
		Altering Casing Other Perforate/w	ork over	Conversion to Injection
3. Describe Proposed or Completed Operation	nt (Clearly group all		L	Note: Report results of multiple completion on We

ad Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If wells directionally drilled, Completion or Recompletion Report and log form) give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Perforate 2 JSPF @ 7,989'; 7,994'; 8,005'; 8,012' & 8,020' (10 holes, .66"). 8/24/00 8/25/00

Acidize w/1000 gals acid & 20 RCN BS. 8/31/00

Frac down tbg w/22,900 gals & 17,240# 16-30 Ottawa sand. 9/3/00

GIH w/tbg; pump & rods. Well back on production @ 3:00 pm.

ACCEPTED FOR RECORD						
	SEP 8 2000					
		~~, *,				

14. I hereby certify that the foregoing is true and correct Signed Dianna Rodgers		Date	
(This space for Federal or State office use)	OFIGEN MEDICAL SUPERVISE DISTRICT I SUPERVISE	DALLAMS	
Approved by Conditions of approval, if any:	Title	Date	
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