

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions  
verse 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-22085
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 88201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL	8. FARM OR LEASE NAME Amoco 1 Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3906.1 GL	10. FIELD AND POOL OR WILDCAT North Young Bone Springs
	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-18S, R-32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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.)

7/9/85 Perforate 8350' to 8370' w/2 JSPP. GIH & set RBP @ 8500' & test to 3000#. Spot 200 gals 15% acid & break down perfs. Followed w/3000 gals same acid and RCN BS. Ran tracer and sqzd w/150 sxs class "H" & "C" cmt to 4000#. Reperforated from 8350' to 8370' w/1 JSPP. Spot 500 gals 15% HCL & broke down perfs & followed w/3000 gal same acid. Recovered 6 bbls over load making 50% oil. Put well on pump. (Anchor @ 8250' w/SN @ 8456'.)

8/2/85 Turn well over to pumper.

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

SIGNED Ray E. Yates TITLE Prod. Mng./Reservoir Eng. DATE 8/16/85

(This space for Federal or State office use)

APPROVED BY COPIED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 23 1985

\*See Instructions on Reverse Side

RECEIVED

AUG 28 1985

CCO  
HOBBS OFFICE