

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
reverse side)

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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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Young Deep Unit
2. NAME OF OPERATOR Harvey E. Yates Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202		9. WELL NO. #17
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter D, 660' FNL & 660' FWL		10. FIELD AND POOL, OR WILDCAT North Young Bone Spring
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T18S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3825.1 GL		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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) X

(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.) \*

8-26-89 Using sand line drill knock out 5 1/2" CIBP @ 8470' and pushed to 8930'

8-27-89 Ran SN to 8850' & and anchor to 7894' to produce from 8134-8824' (OA).  
Put on pump.

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

SIGNED

TITLE Production Manager/Engineer DATE 8-30-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**

**AUG 31 1989**

**OCB  
HOBBS OFFICE**