Form 9-331
Dec 1973

P. O. Box 1980
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil well X gas well other
2. NAME OF OPERATOR
   Harvey E. Yates Company
3. ADDRESS OF OPERATOR
   P. O. Box 1933, Roswell, New Mexico 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 660' FNL & 660' FWL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH: Same
5. LEASE
   LC-065581
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
   Young Deep Unit
8. FARM OR LEASE NAME
9. WELL NO.
   17
10. FIELD OR WILDCAT NAME
    North Young Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 9, T-18S, R-32E
12. COUNTY OR PARISH
    Lea
13. STATE
    NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
    3825.1 GL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	
PULL OR ALTER CASING	
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other) RIH & test csg.	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

RIH w/63 jts 8 5/8", 24 & 32#, J-55, ST&C csg & set @ 2653'. Cmt w/1050 sxs of cmt. WOC 12 hours, circ 240 sxs to pit. Press test to 1200# for 15 minutes held o.k.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

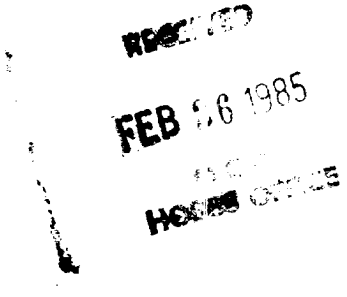
SIGNED _____ TITLE Drlg. Superintendent DATE 2/19/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
FEB 25 1985
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side


FEB 26 1985
HOME OFFICE