

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 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 and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL & 660' FWL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DP, RT, GR, etc.)
3836

5. LEASE DESIGNATION AND SERIAL NO.
NM-24488

6. IF INDIAN, INDICATE THE TRIBE NAME
N. M. STATE COMMISSION

7. UNIT AGREEMENT NAME
NEW MEXICO 89240
Young Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
N. Young Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-18S, R-32E

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 <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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input 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) <u>RIH w/csg</u> <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.)*

6/14/85 RIH w/211 jts 5 1/2", 17#, csg to 9210'. Cmt in 2 stages as follows:
1st stage - 250 sxs lite wt-4 & 400 sxs class "H".
2nd stage - 750 sxs lite wt-4 & 425 sxs self-stress.
Release rig @ 12:00 noon 6/13/85. WOCU.

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

SIGNED Rayne Collier TITLE Regulatory Administrator DATE 6/17/85

(This space for Federal or State office use)

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

JUL 1 1985

*See Instructions on Reverse Side