

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. <b>LEASE DESIGNATION AND SERIAL NO</b> NM 0555567	
2. <b>NAME OF OPERATOR</b> Harvey E. Yates Company		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> P.O. Box 1933, Roswell, New Mexico 88202		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FWL, Unit letter P		8. <b>FARM OR LEASE NAME</b> Blanco 5 Federal	
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 1	
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3829.3 GL		10. <b>FIELD AND POOL, OR WILDCAT</b> North Young Bone Spring	
		11. <b>SBC, T, B, M, OR BLE, AND SURVEY OR AREA</b> Sec. 5, T18S, R32E	
		12. <b>COUNTY OR PARISH</b> Lea	13. <b>STATE</b> 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"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
RILLOUT OR ACIDIZER	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. **DESCRIBE PROMISED 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.)\*

3-31-88 Set CIBP @ 8085.  
4-1-88 Frac perms 7704.5' - 7898' w/53,500 gals WF45, w/79,000# sand w/002.  
4-6-88 Run SN to 7978 & set anchor @ 7588'. Run pump and rods, hang on production. Turn over to pumper.

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

SIGNED

TITLE Production Manager/Engineer

DATE 4-21-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS