

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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"/>		3. LEASE DESIGNATION AND SERIAL NO. NM 22085	
2. NAME OF OPERATOR Harvey E. Yates Company		4. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202		5. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 2310' FWL Unit Letter N		6. FARM OR LEASE NAME Amoco 1 Federal	
14. PERMIT NO. 30-025-29848		7. WELL NO. 2	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3897.5		8. FIELD AND POOL, OR WILDCAT North Young Bone Spring	
		9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T18S, R32E	
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

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.)

7-13-88 Acidize w/2000 gals 20% NEFE  
7-15-88 Squeeze cuts @ 8425 to 3600# w/545 SX Class "H" w/.4% Halad 9.  
7-16-88 RIH w/Abraza jet tool- cut 2 holes @ 8410, set and wash holes w/500 gals 15% NEFE in 2 stages.  
7-20-88 Acidize w/2000 gals 20% NEFE & 2000 gals overflush.  
7-22-88 Acidize w/7500 gals 20% NEFE & 7500 gals overflush.  
7-23-88 GIH w/SN, Anchor, & tbg (set SN @ 8437, anchor @ 8179) GIH w/pump & rods. Hang on pump, turn over to pumper.

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

SIGNED [Signature] TITLE Production Manager/Engineer DATE August 2, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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