

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-22085
2. NAME OF OPERATOR Harvey E. Yates Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, NM 88201	7. 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	8. FARM OR LEASE NAME Amoco 1 Federal
14. PERMIT NO. 30-025-29848	9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3897.5 GL	10. FIELD AND POOL, OR WILDCAT North Young Bone Spring
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-18S, R-32E
	12. COUNTY OR PARISH Eddy LEA
	13. STATE NM

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

3/8/87 Perf 8580-83 (2 spf)
3/10/87 Acidized w/200 gals 15% - Swab test
3/14/87 Set CIBP @8570, Perf 8510-15 (2 spf), Acidized w/3200 gals 20%, Swab test
3/20/87 Set Retainer @ 8485 & squeeze w/200 sks Class 'H'
3/25/87 Perf 8407-25 (2 spf), acidized w/4200 gals 20%, Swab test
3/28/87 Acidized w/10,000 gals 28%, Swab test
4/2/87 Set Retainer @ 8244 & squeeze w/200 sks Class 'H'
4/7/87 Perf 8425 (4 holes) & acidized w/1000 gals 15%, Swabb test
4/10/87 Acidized w/5000 gals 20%, Swab test
4/14/87 Acidized w/10,000 gals 28%, Swab test

RECEIVED

APR 27 1987

HOODS, MONTGOMERY

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

SIGNED AM Young NM Young TITLE Drilling Superintendent DATE 4/23/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 30 1987