

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-0130  
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-40456
2. NAME OF OPERATOR Harvey E. Yates Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 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 1650 FNL & 990 FWL		8. FARM OR LEASE NAME Chevron 12 Fed.
14. PERMIT NO. 30-25-30028		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3874.0 GL		10. FIELD AND POOL, OR WILDCAT North Young
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, 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:

SUBSEQUENT REPORT OF:

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

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) spud, surface & inter. report <input checked="" 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.)\*

9/2/87 Spud well @ 9:00 am  
Ran 10 jts 13 3/8, 54.5, J55 csg. Set @ 400 ft.  
Cemented w/425 sks Class "C" w/2% CaCl & 1/4# celloflake  
Plug down 4:15 pm, 9/2/87, circ 110 sks to pit.  
WOC-12 hrs, Test csg 600 psi/30 min-Held OK

9/6/87 Ran 69 jts 8 5/8, 24 & 32#, J55 csg. Set @ 2915, DV tool @ 2108  
Cement 1st Stage w/120 sks Litewate & 200 sks Class "C" w/2%  
CaCl. Circ 59 sks to pit  
2nd Stage w/900 sks Litewate & 100 sks Class "C" w/2%  
CaCl. Circ 93 sks to pit.  
WOC 12 hrs. Test csg to 1400 psi/30 min-Held OK

ACCEPTED FOR RECORD

SEP 21 1987

SJS

CARLSBAD, NEW MEXICO

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

SIGNED N. M. Young NM Young TITLE Drilling Superintendent

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

HOBBS OFFICE  
OCC  
SEP 24 1987  
RECEIVED