

DEPARTMENT OF THE INTERIOR (verse side)
BUREAU OF LAND MANAGEMENT

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-55145
2. NAME OF OPERATOR Harvey E. Yates Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202		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 330' FNL & 990' FWL		8. FARM OR LEASE NAME Querecho Plains 22 Fed.
14. PERMIT NO. 30-025-30266		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3781.8 GL		10. FIELD AND POOL, OR WILDCAT Querecho Plains Penn
		11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA Sec. 22, 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"/>	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 PLANE <input type="checkbox"/>	(Other) Spud & csg report <input checked="" 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.)*

3/30/88 Spudded @ 8:00 am, TD @ 400 ft,
 Ran 13 3/8 csg, set @ 400 ft.
 Cemented w/425 sks "C" w/2%, Circ 100 sks to pit, Plug down
 @ 9:15 pm, WOC-12 hrs, Test csg to 600# for 30 min-Held ok

4/3/88 TD @ 2820', Ran 8 5/8 csg (24 & 32#), Set @ 2820 ft.
 Cemented w/770 sks HLW & 200 sks "C" w/2% CaCl, Circ 150 sks
 to pit, Plug down @ 2:15 am 4/4/88, WOC-12 hrs, Test csg to 1000#
 for 30 min-Held ok

APR 7 12 15 PM '88
 RECEIVED
 CARLSON
 AREA HEAD
 OFFICE

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

SIGNED Y. M. Young NM Young TITLE Drilling Superintendent DATE 4/5/88

(This space for Federal or State office use)

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

*See Instructions on Reverse Side