

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 44539

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco AG 1 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

North Young Bone Spring

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

Sec. 1, T18S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, New Mexico 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

610' FSL & 990' FEL

14. PERMIT NO

30-025-30472

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3892.7 GL

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

RISE/IN OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)

12-17-88 Set CIBP @ 9110', perf 8434 - 8553' (OA), pkr set @ 8316'.

12-18-88 Acidize w/2000 gal 20% SRA & 180 BS.

12-21-88 Flowing to test tank, turn back over to pumper.

JAN 4 11 47 AM '89
OIL
ADMIN.

RECEIVED

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

SIGNED

TITLE Production Manager/Engineer

DATE 12-29-88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side

525
CARLSBAD, NEW MEXICO

CL

RECEIVED

RECEIVED

JAN 20 1989

DEC 30 1988

HOBBBS OFFICE

OCD
HOBBBS OFFICE