

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on 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-44539	
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 <del>558'</del> FSL & 990' FEL 610' <u>SJS</u>		8. FARM OR LEASE NAME Amoco AG 1 Federal	
14. PERMIT NO 30-025-30472		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3892.7 GL		10. FIELD AND POOL, OR WILDCAT N. Young Bone Spring	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 1, T18S, R32E	
		12. COUNTY OR PARISH 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) Spud & Csg report <input checked="" 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.)

9/21/88 Spud well @ 4:45 pm, TD @ 408 ft,  
Ran 408 ft 13 3/8 54.5# csg,  
Cemented w/425 sks Class "C" w/2% CaCl  
Circ 160 sks to pit  
WOC 12 hrs & Test 600 psi/30 min-Held ok

9/25/88 TD 12 1/4 hole @ 2908 ft  
Ran 2908 ft 8 5/8 24 & 32# csg  
Cemented w/1200 sks 65/35 Poz w/2% CaCl & 200 sks "C" w/2% CaCl  
WOC 12 hrs & Test 1200 psi/30 min-Held ok  
Circ 296 sks to pit.

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

SIGNED A. M. Young N.M. Young TITLE Drilling Superintendent DATE 9/28/88

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

SEP 30 1988

SJS

\*See Instructions on Reverse Side

CARISBAD, NEW MEXICO