

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

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 990' FEL & 1650' FSL

14. PERMIT NO.

30-025-30503

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

3788.3 GL

5. LEASE DESIGNATION AND SERIAL NO.

NM-58039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Young 8 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Und. Delaware

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

Sec. 8, T18S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Completion report

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE CHANGES OR COMPLETION 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.*

1/8/89 Perforated 8410-22 & 8450-60, Acidize w/4500 gals 20% & balls, Swab test
1/12/89 Acidize w/10,000 gals 28% & balls, Swab test
1/18/89 Set RBP @ 8442, Acidize w/10,000 gals 28%, Swab test
1/24/89 Perforate 7912-81, Acidize w/4100 gals 7 1/2% & balls, Swab test, SI for BU
2/1/89 Perforate 8678-8910, Acidize w/3200 gals 7 1/2% & balls, Swab test, SI for BU
2/23/89 Perforate 6254-83, Acidize w/4000 gals 15% & balls, Swab test
2/28/89 Set RBP @ 5400', Perforate 5020-40, Acidize w/4100 gals 7 1/2% & balls, Swab test
3/2/89 Frac perms 5020-40 w/50,000 gals & 54,000# 16/30 sand
3/4/89 Put on production

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

SIGNED David R. Glass NM Young TITLE Drilling Superintendent

DATE 3/8/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

CARLSBAD, NEW MEXICO *See Instructions on Reverse Side