

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPPLICATE*
(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-40456
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 & 660' FEL	8. FARM OR LEASE NAME Chevron 12 Federal
14. PERMIT NO. 30-025-30631	9. WELL NO. #4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3893.1 GL	10. FIELD AND POOL, OR WILDCAT North Young-Bone Spring
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, 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"/>	WATER SHUT OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Completion	<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.)*

9/7/89 Perforated 8446-8570, Acdz w/8250 gals 20% - Swab test
9/12/89 Squeeze perfs w/228 sks "H"
9/15/89 Drill out to 8545
9/16/89 Perforated 8446-8526, Acdz w/5000 gals 20% - Swab test
9/21/89 Set retainer @ 8512, Squeeze w/86 sks "H"
9/28/89 Acdz w/4500 gals 20% - Swab test
10/9/89 Acdz w/10,000 gals X-L 28% & 13,000 gals FW flush
10/10/89 Put on pump

RECEIVED
OCT 18 10 54 AM '89
C&E
A&E

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

SIGNED <i>[Signature]</i>	NM Young	TITLE Drilling Superintendent	DATE 10/12/89
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side