

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC  
(Other instructions o.  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO

NM-40452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shoot 12 Federal

9. WELL NO.

#1

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 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P.O. Box 1933, Roswell, N.M. 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

J; 2310' FSL & 1980' FEL

14. PERMIT NO.

30-025-30734

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

3876.7 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

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 pertinent to this work.)\*

10/31/90

Perf 6640-48' (9 holes)

Acidz w/1900 gals 10% NEFE & 18 BS;

Frac w/12,200 gals WF-30 X-link + 17,000# 16/30 Ottawa

11/2/90

RIH w/2" x 1 1/2" x 16' pmp & rods; Hang well on production

6840 48

see corrected sundry notice dated 12-27-90

Ad

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

SIGNED

Vickie Jule

TITLE

Production Analyst

DATE

12/6/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Dec 7 11 40 AM '90

RECEIVED