

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE*
(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.) | |
| 1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 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 1650' FNL & 660' FEL unit H | 8. FARM OR LEASE NAME Chevron 12 Fed. |
| | 9. WELL NO. # 6 |
| | 10. FIELD AND POOL, OR WILDCAT North Young Bone Spring |
| | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 12, T-18s, R-32E |
| 14. PERMIT NO API # 30-025-30740 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3886.6' GL |
| | 12. COUNTY OR PARISH Lea |
| | 13. STATE NM |

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) Perf, Acdz, Sqzg

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.)

3-8-90 Perf 8779-82 (8 Holes)
3-9-90 Acdz W/ 750 Gals 20% NEFE
3-13-90 Set CIBP @ 8850'
3-13-90 Sqz'd 8779-82 W/ 125 SXS C1 H.
3-17-90 Perf 8498-8508' & Acdz W/ 3000 Gals 20% NEFE
3-21-90 Set CIBP @ 8600'
3-21-90 Sqz'd Perfs 8498-8508' W/ 190 sxs C1 H and Drld out.
3-25-90 Abrasa Jet 4 cuts @ 8494' & wash w/ 500 gals 15% NEFE.
3-29-90 Sqz'd cuts @ 8494' w/ 200 sxs CL H. & drld out.
4-3-90 Abrasa Jet 4 Cuts @ 8492' & acdz w/ 1000 gals 20% NEFE.
4-7-90 Sqz'd cuts 8492' w/ 400 sxs C1 H. & drld out.
4-11-90 Drilled out CIBP @ 8600'
4-12-90 Drilled out CIBP @ 8850' & Cleaned out to 9272' (PBTD)
4-14-90 Hang back on production w/ SN @ 9206' & Anchor @ 8388'.

RECEIVED
SEP 7 11 27 AM '90

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

SIGNED Ray F. Nokes

TITLE Prod. Mgr./ Eng.

DATE 9-5-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side