

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICA
(Other instructions on
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME Young Deep Unit |
| 2. NAME OF OPERATOR Harvey E. Yates Company | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202 | 9. WELL NO. #24 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 660' FWL Unit E | 10. FIELD AND POOL, OR WILDCAT North Young Bone Springs |
| 14. PERMIT NO. 30-025-30783 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T18S, R32E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3834.9 GL | 12. COUNTY OR PARISH Lea |
| | 13. STATE N.M. |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Testing & Completion | |

(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.) *

4/25/90 Perf 8735-9012'
Acdz w/10,000 gals 15% HCL
5/1/90 Frac w/266,000 gals BS40 + 288,500# 16/20 LWP
7/19/90 Abraza jet 4 cuts @ 8477-78
Acdz w/1000 gals NEFE
7/26/90 Testing

RECEIVED
JUL 27 11 52 AM '90
CATTLE
AREA

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

SIGNED T. Gum T. Gum TITLE Engineer

DATE 7/26/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side