

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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| 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.) | | 5. LEASE DESIGNATION AND SERIAL NO. <i>NM-0381550 (c)</i> |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 2. NAME OF OPERATOR <i>Harvey E. Yates Company</i> | | 7. UNIT AGREEMENT NAME |
| 3. ADDRESS OF OPERATOR <i>P.O. Box 1933, Roswell, New Mexico 88202</i> | | 8. FARM OR LEASE NAME <i>Mobil 24 Federal</i> |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1650' FSL & 2310 FWL</i> | | 9. WELL NO. <i>#1</i> |
| 14. PERMIT NO. <i>30-025-30839</i> | | 10. FIELD AND POOL OR WILDCAT <i>Lea Bone Springs</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3798.6 GL</i> | | 11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA <i>Sec. 24, T19S, R34E</i> |
| | | 12. COUNTY OR PARISH <i>Lea</i> |
| | | 13. STATE <i>NM</i> |

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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"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

PULL OR ALTER CASING

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) *Request to Flare Gas*

| |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
|-------------------------------------|

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <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.) *

The above captioned well produces approximately 18 MCF's per day, due to the low amount of production it is uneconomical at this time to hookup to a pipeline. Therefore, Harvey E. Yates Company request an approval to flare the above stated gas.

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

SIGNED

Pammy Witt

TITLE

Pammy Witt/ 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