

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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. 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. #12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 330' FEL		10. FIELD AND POOL, OR WILDCAT North Young Bone Spring	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T18S, R32E		12. COUNTY OR PARISH Lea	
13. STATE N.M.			
14. PERMIT NO. 30-025-30866		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3863.5 GL	

16. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud & csg jobs</u>	
(Other) _____			

(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.)*

Spudded well @ 2:00 pm 4/16/90

TD 17 1/2" hole @ 401' 4/16/90
Ran 10 jts 13 3/8" 54.5# csg; Set @ 401'
Cmtd w/425 sks Cl "C" w/2% CaCl
PD @ 10:15 pm 4/16/90; Circ 51 sks to pit
WOC 12 hrs, Test csg 600#/30 min-Held OK

TD 12 1/2" hole @ 2686' 4/19/90
Ran 63 jts 8 5/8" 32# csg; Set @ 2686'
Cmtd w/1200 sks 65/35 "C" poz w/2% CaCl + 200 sks "C" w/2% CaCl
PD @ 10:15 pm 4/19/90; Circ 68 sks to pit
WOC 12 hrs, Test csg 1400#/30 min-Held OK

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

SIGNED H.M. Gue NM Young TITLE Drilling Superintendent DATE 4/23/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side