

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other Instructio
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.)		5. LEASE DESIGNATION AND SERIAL NO NM-9018	
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Harvey E. Yates Company		7. UNIT AGREEMENT NAME Young Deep Unit	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface L; 2310' FSL & 660' FWL		9. WELL NO. #20	
10. FIELD AND POOL, OR WILDCAT North Young Bone Spring		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T18S, R32E	
14. PERMIT NO. 30-025-30924	15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3803.2 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:		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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.) *

11/14/90 Perf @ 8259-8594' (oa); 1 spf-16 holes
Set RBP @ 8685'
11/15/90 Acdz w/600 gals 20% NEFE; Swab test
11/19/90 Acdz perms 8259-8594 (oa) w/2000 gals 20% NEFE, 48 BS & 8 bbls o.f.
11/20/90 POOH w/pkr & RBP
11/21/90 Set SN @ 8685', Anchor @ 8211'
RIH w/2" x 1 1/2" x 16" pmp & rods; Hang on production

RECEIVED
DEC 7 11 40 AM '90
CABINETS
AREA 11

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

SIGNED

TITLE Prod Mgr/Eng

DATE 12/4/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side