ormerly 9-331) UNITED STATES SUBMIT IN TRIPLICATE* (Other Instructions reported by the state of			Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO NM-9018						
SUNDRY NOTICES AND RI (Do not use this form for proposals to drill or to de Use "APPLICATION FOR PERMIT	epen or plug back t	o a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME					
I. OIL [] GAS []			7. UNIT AGREEMENT NA						
WELL X WELL OTHER		The state of the s	Young Deep Ut						
2. NAME OF OPERATOR Harvey E. Yates Company			S. FARM OR LEASE NAM	. E					
3. ADDRESS OF OPERATOR			9. WELL NO.						
P.O. Box 1933, Roswell, New Mexico 88202 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			#20 10. FIELD AND POOL, OR WILDCAT North Young Bone Springs						
					L; 2310' FSL & 60	60' FVL		11. SEC., T., R., M., OR B SURVEY OR AREA	
								Sec. 9, T18S	, R32E
	how whether DF, RT, C		12. COUNTY OR PARISH						
30-025-30924	3803.2	<u> </u>	Lea	I NM					
16. Check Appropriate Box To	o Indicate Natur	e of Notice, Report, or C	Other Data						
NOTICE OF INTENTION TO:	ENT REPORT OF ;								
TEST WATER SHUT OFF PULL OR ALTER CASE	×0 []	WATER SHUT OFF	REPAIRING V	WELL					
FRACTURE TREAT MULTIPLE COMPLETE	11	FRACTURE TREATMENT	ALTERING CA						
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZING	AHANDONMEI	N.L.					
HEPAIR WELL CHANGE PLANS		(Other) Notice of	Transporting	x					
(Other)		(Nork: Report results Completion or Recompl	of multiple completion etion Report and Log for	on Well					
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly St. proposed work. If well is directionally drilled, give shent to this work.) This is to inform your offic verbal approval from Shannon for Pride Pipeline Company to Young Deep Unit #20, to the	e that the a Shaw (BIM o o haul oil f	above captioned welloffice in Carlsbad) From frac tanks loc	1 was given on 10/19/90 eated on the	s and zones perti-					
				RECEIVED Out 22 8 12 M					
18. I hereby certify that the foregoing is true and correct SIGNED State office uses	TITLE Prod.	Sec.	DATE 10/1	.9/90					
(This space for Federal or State office use)			10/-	23/90					
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE 10/2	·3/70					

*See Instructions on Reverse Side