

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-40452
2. NAME OF OPERATOR Harvey E. Yates Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, New Mexico 88202	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 420' FSL & 990' FEL	8. FARM OR LEASE NAME Shoot 12 Federal
14. PERMIT NO. 30-025-30951	9. WELL NO. #2
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 3857.5 GL	10. FIELD AND POOL, OR WILDCAT North Young Bone Springs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T18S, R32E
	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SILICOT 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) Spud & csg jobs <input checked="" 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.) *

Spudded well @ 4:30 pm 8/17/90

8/18/90 TD 17 1/2" hole # 375'
Ran 9 jts 13 3/8 54.5# csg; Set @ 375'
Cmt'd w/375 sks C1 "C" w/2% CaCl
PD @ 10:30 am 8/18/90; Circ 32 sks to pit
WOC 12 hrs; Test csg 600#/30 min-Held ok

8/21/90 TD 12 1/4" hole @ 2992'
Ran 78 jts 8 5/8 32# csg; Set @ 2992'
Cmt'd w/1000 sks 65/35 poz w/2% CaCl + 200 sks C1 "C" w/2% CaCl
PD @ 3:00 am 8/22/90; Circ 175 sks to pit
WOC 12 hrs; Test csg 1300#/30 min-Held ok

RECEIVED
AUG 21 9 22 AM '90

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

SIGNED V. Teel TITLE Prod Sec DATE 8/23/90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side