

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>		5. LEASE DESIGNATION AND SERIAL NO NM-14789-A
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 Young Deep Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface F; 1650' FNL & 1650' FWL		8. FARM OR LEASE NAME
14. PERMIT NO 30-025-30952		9. WELL NO. #26
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3843' GL		10. FIELD AND POOL, OR WILDCAT North Young Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T18S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.) *

8/28/90 Abrasa jet 2 cuts @ 9235' Bone Spring; Acdz w/500 gals 20% NEFE
8/30/90 Set CIBP @ 9185'
8/31/90 Abrasa jet 2 cuts @ 8486'; Acdz w/1250 gals 20% SRA
9/7/90 Sqz cuts 8486' w/205 sks CL 'H' to 3500# & Drill out
9/12/90 Abrasa jet 2 cuts @ 8316'; Acdz w/1000 gals 20%
9/14/90 Acdz w/1500 gals 20%
9/20/90 Acdz w/3000 gals 20% & 3000 gals OF
9/23/90 Acdz w/10,000 gals 20% & 10,000 gals OF
9/27/90 Perf BS 8994-8935' (oa)
9/28/90 Acdz w/2000 gals 7 1/2% SRA
10/1/90 Frac w/122,500 gals WF-45 & 221,500# 16/20
10/5/90 Put on pump 10/5/90

RECEIVED
OCT 15 8 27 AM '90

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

SIGNED Ray Nokes TITLE Prod Mgr/Eng

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side