

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
*Harvey E. Yates Company*

3. Address and Telephone No.  
*P.O. Box 1933 Roswell, New Mexico 88202 505-623-6601*

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
*Unit K, 2310' FSL & 1980' FWL  
Sec. 9, T-18s, R-32e*

5. Lease Designation and Serial No.

*LC-064009D*

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

*8910180420*

*Young Deep Unit*

8. Well Name and No.

*Young Deep Unit # 18*

9. API Well No.

*30-025-31359*

10. Field and Pool, or Exploratory Area

*North Young Bone Spring*

11. County or Parish, State

*Lea County, New Mexico*

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other *Perfs: & Stimulation*

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

*9-20-91 Perf: 8956-70' (OA)  
9-21-91 Acdz w/ 2000 gals 10% NEFE  
9-24-91 Frac W/ 64,000 gals WF-40 & 90,000#'s 16/20 Carbolite  
9-28-91 Hang on pump to pump back load.*

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

Signed *Ray F. Nokes* Title *Prod. Mgr./Eng.*

Date *10-1-91*

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_

RECORDED

OCT 24 1991

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