| Form 3160-5 UNIT STA                                                                                                                 | TES N.M. Oil Con                                                                                 | s. Divisi            | <b>ON</b> FORM APPROVED                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------|--|
| (JUNE 1990) DEPARTMENT OF THE                                                                                                        | INTERIOR 1625 N. Freim                                                                           | uh Dr.               | Budget Bureau No. 1004-0135                                                                               |  |
| BUREAU OF LAND                                                                                                                       | MANAGEMENT Hobbs, NM 8                                                                           | 8240                 | Expires: March 31, 1993                                                                                   |  |
| ·                                                                                                                                    |                                                                                                  |                      | signation and Serial No.                                                                                  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. |                                                                                                  |                      | NMNM-40448 It Indian, Allottee or Tribe Name                                                              |  |
|                                                                                                                                      |                                                                                                  |                      |                                                                                                           |  |
| SUBMIT ORIGINA                                                                                                                       | L + 6 COPIES                                                                                     | 7. If Unit or        | CA, Agreement Designation                                                                                 |  |
|                                                                                                                                      |                                                                                                  | 8. Well Name and No. |                                                                                                           |  |
| i. Type of Well Oil Gas<br>Well Well                                                                                                 | Other                                                                                            |                      | Bola 7 Federal #2                                                                                         |  |
| 2. Name of Operator                                                                                                                  |                                                                                                  | 9. API Well          | No.                                                                                                       |  |
| Harvey E. Yates Company                                                                                                              |                                                                                                  |                      | 30-025-35381                                                                                              |  |
| 3. Address and Telephone No.                                                                                                         |                                                                                                  |                      | d Pool, or Exploratory Area                                                                               |  |
| P.O. Box 1933, Roswell, NM 88202                                                                                                     |                                                                                                  |                      | oung Bone Springs North                                                                                   |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>660' FNL & 660' FEL                                        |                                                                                                  | 11. County (         | or Parish, State                                                                                          |  |
| Unit A, Sec 7, T18S, R32E                                                                                                            |                                                                                                  |                      | Lea County, NM                                                                                            |  |
| 12 CHECK APPROPRIATE BOX (s)                                                                                                         | TO INDICATE NATURE OF NOTICE,                                                                    | REPORT,              | OR OTHER DATA                                                                                             |  |
| TYPE OF SUBMISSION                                                                                                                   | TYPE OF                                                                                          | TYPE OF ACTION       |                                                                                                           |  |
| Notice of Intent                                                                                                                     | Abandonment                                                                                      | Char                 | nge of Plans                                                                                              |  |
|                                                                                                                                      | Recompletion                                                                                     | New                  | Construction                                                                                              |  |
| X Subsequent Report                                                                                                                  | Plugging Back                                                                                    | Non-                 | -Routine Fracturing                                                                                       |  |
|                                                                                                                                      | Casing Repair                                                                                    | Wate                 | er Shut-Off                                                                                               |  |
| Final Abandonment Notice                                                                                                             | Altering Casing                                                                                  | Conv                 | version to Injection                                                                                      |  |
|                                                                                                                                      | X     Activity on Well       nt details, and give pertinent dates, including estimated date of s | (Note<br>Comp        | esse Water<br>Report results of multiple completion on We<br>plet on or Recompletion Report and log form) |  |

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

2/24/01 TD 7 7/8" hole @ 9,600' @ 5:00 pm 2/24/01.

- 2/26/01 Ran 217 jts 5 1/2" J-55 & N-80 csg. Set @ 9,600'. Cemeni w/1200 sxs 35:65 Poz H w/6% gel & 5% salt & 500 sxs Class "H". PD @ 2/26/01. Circ 90 sxs to pit.
- 2/27/01 Release rig @ 1:30 am.
- 3/21/01 Perf 1 js @ 8,704', 8,707', 8,710', 8,717', 8,723', 8,735', 8,742', 8,745', 8,748' & 8,754', 10 holes select fire. Spot 250 gals 10% NEFE @ 8,767'. Set packer at 8,547'. Follow w/3,750 gals 10% NEFE & 20 RCN BS.
- 3/26/01 Frac w/30# XLFC-3B & 28% HCL-HF acid. Pump 65,000 gals & 110,100# 20/40 econo prop.
- 3/29/01 Run pump & rods. RD PU and clean location.

| Signed Jett                            | anna Rodgers         | Title <b>F</b>    | Production AnalystDate                                                 | 2-Apr-01                         |
|----------------------------------------|----------------------|-------------------|------------------------------------------------------------------------|----------------------------------|
| This space for Federal                 | or State office use) |                   | (PRIG. SGD.) DAVID R. GLASS                                            |                                  |
| Approved by<br>Conditions of approval, | Tany:                | Title             | Date                                                                   |                                  |
| ·                                      |                      | v and willfully t | o make to any department or agency of the United States any is so, the | titious of frondulant statements |

