

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<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well | 5. Lease Designation and Serial No.<br>LC-050429A             |
| 2. Name of Operator<br>YATES PETROLEUM CORPORATION (505) 748-1471                                                                               | 6. If Indian, Allottee or Tribe Name                          |
| 3. Address and Telephone No.<br>105 South 4th St., Artesia, NM 88210                                                                            | 7. If Unit or CA, Agreement Designation                       |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>330' FNL & 330' FWL of Section 12-T18S-R29E (Unit D, NWNW)            | 8. Well Name and No.<br>WLHU G4S #3-2                         |
|                                                                                                                                                 | 9. API Well No.<br>30-015-03406                               |
|                                                                                                                                                 | 10. Field and Pool, or Exploratory Area<br>Loco Hills Q-GB-SA |
|                                                                                                                                                 | 11. County or Parish, State<br>Eddy Co., NM                   |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                           |
|-------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                     |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                    |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back                   |
|                                                       | <input type="checkbox"/> Casing Repair                   |
|                                                       | <input type="checkbox"/> Altering Casing                 |
|                                                       | <input checked="" type="checkbox"/> Other Replace packer |
|                                                       | <input type="checkbox"/> Change of Plans                 |
|                                                       | <input type="checkbox"/> New Construction                |
|                                                       | <input type="checkbox"/> Non-Routine Fracturing          |
|                                                       | <input type="checkbox"/> Water Shut-Off                  |
|                                                       | <input type="checkbox"/> Conversion to Injection         |
|                                                       | <input type="checkbox"/> Dispose Water                   |

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

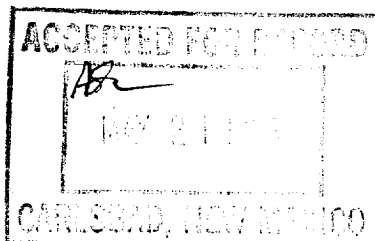
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

4-11-96 - Moved in and rigged up pulling unit. Dropped standing valve and pressured to 1500 psi for 10 minutes, OK. TOOH. TIH with bit and scraper to PBTD. TOOH. TIH with 4-1/2" nickle plated Uni VI packer and set packer at 2472'. Circulated hole with packer fluid. Nippled down BOP. Nippled up wellhead. Tested packer to 550 psi for 30 minutes. OCD-Artesia was notified for Mechanical Intergrity Test but did not witness.

RECEIVED

MAY 23 1996

OIL CON. DIV.  
DIST. 2



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

Signed

*Rusty Kuen*

Title Production Clerk

Date April 15, 1996

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side