

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other instruct.
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.)

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Change Well Name		5. LEASE DESIGNATION AND SERIAL NO. LC-058126
2. NAME OF OPERATOR Yates Drilling Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, NM 88210		7. UNIT AGREEMENT NAME South Loco Hills Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 660 FEL		8. FARM OR LEASE NAME South Loco Hills Unit
14. PERMIT NO.		9. WELL NO. 28
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3568' DF		10. FIELD AND POOL, OR WILDCAT Loco Hills Q-G-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-18S-29E
		12. COUNTY OR PARISH 13. STATE

DEC - 6 1992

O. C. D.

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 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) Change Well Name	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

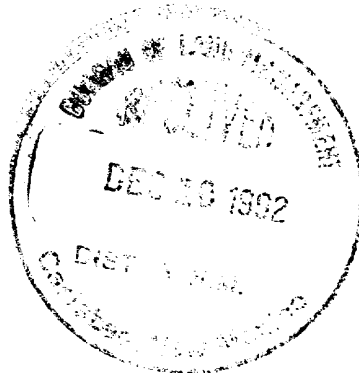
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)*

From: Travis #9 - Well plugged and abandoned by Harvey E. Yates Company and lease sold to Anadarko Production Company.

To: South Loco Hills Unit #28



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

SIGNED Loren J. Leishman TITLE Production Clerk DATE 12-8-92

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other ☐ Change well name
2. NAME OF OPERATOR
Yates Drilling Co.
3. ADDRESS OF OPERATOR
207 So. 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 FNL & 660 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Change well name			

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.)*

Change well name:

FROM: Travis #9 - Well plugged and abandoned by Harvey E. Yates and lease sold to Anadarko Production Co.

TO: South Loco Hills Unit #28

5. LEASE
LC 058126
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
South Loco Hills Unit
8. FARM OR LEASE NAME
South Loco Hills Unit
9. WELL NO.
28
10. FIELD OR WILDCAT NAME
Loco Hills Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit H, Sec. 19-18S-29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3568' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Francis R. Bollett TITLE Engineering Secty DATE 8-12-82
(This space for Federal or State office use)

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

RECEIVED

AUG 9 1982

O. C. D.
ARTESIA, OFFICE

NAME OF WELL	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
CONTROLLER	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Drilling Company

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain)

Change Well Name:

FROM: Travis #9

TO: South Loco Hills Unit #28

If change of ownership give name
and address of previous ownerHarvey E. Yates
Anadarko Production Co., Box 2497, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
South Loco Hills Unit	28	Loco Hills Q-G-SA	LC-058126 State, Federal or Fee Federal	

Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 19 Township 18S Range 29E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids,
give location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Engineering Secretary

8-4-82

(Date)

OIL CONSERVATION DIVISION

AUG 11 1982

APPROVED _____, 19

BY Helmi V. Clements
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate forms C-104 must be filed for each pool in multiple stored wells.