

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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 ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

NAME OF OPERATOR

Yates Drilling Company

ADDRESS OF OPERATOR

105 South 4th Street, Artesia, New Mexico 88210

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

660' FSL & 1980' FEL

PERMIT NO.

ELEVATIONS (Show whether D.F., RT, GR, etc.)

3568' KB

RECEIVED BY

MAY 18 1987

O. C. D.

ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

LC-058126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Loco Hills Unit

8. FARM OR LEASE NAME

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

Loco Hills-Q-G-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit 0, Sec. 19-18S-29E

12. COUNTY OR PARISH

Eddy County

13. STATE

N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Repair packer

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

16. 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.) *

4-8-87 Pulled tubing and packer. Found hole in mandrel on packer.
Replaced packer. Went in hole and circulated packer fluid.
Tested backside. Packer was set at 2255'.

ACCEPTED FOR RECORD

MAY 12 1987

SJS
CARLSBAD, NEW MEXICO

17. I, the undersigned, certify that the foregoing is true and correct

SIGNED Loren J. Lushman

TITLE Production Clerk

DATE 4-29-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side