(November 1983) (Formerly 9-331)	DEPARTME	NT OF THE INTERIOR	(Other instructions on re- verse adde)	Expires Augus 5. LEASE DESIGNATION LC-05812	AND BERIAL NO. 45
	DRY NOTIC	6. IF INDIAN, ALLOTT	FE OR TRIBE NAME		
		د		7. UNIT AGREEMENT N	AME
OIL GAB	OTHER W	ater Injection Well	SEP - 8 1993	South Loco H	Hills Unit
2. NAME OF OPERATOR				8. FARM OR LEASE NAME	
Yates Drilli	ng Company	South Loco Hills Unit			
3. ADDRESS OF OPERATOR				9. WBLL NO.	
105 South 4t	h Street. A	18			
1. LOCATION OF WELL (R See also space 17 belo	eport location clear	10. FIELD AND POOL, C	DE WILDCAT		
At surface	. .,	Artesia,Qn,Grybg,SA			
660' FSL	& 1980' FE	11. SBC., T., R., M., OR SURVEY OR AREA	BLK. AND		
				Section 19-1	8S-29E
14. PERMIT NO.	1	15. ELEVATIONS (Show whether DF, RT, CR, etc.)		12. COUNTY OR PARISH 13. STATE	
		3568' КВ		Eddy	NM
16.	Check Appro	priate Box To Indicate Natur	e of Notice, Report, or C)ther Data	
NOTICE OF INTENTION TO :				ENT REPORT OF :	

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TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL	٦
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING	-
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT.	-
REPAIR WELL	l	CHANGE PLANS		(Other) <u>Hole in tubing</u> X	-
(Other)		····		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	-

17. DESCRIDE 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 gones pertinent to this work.) •

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7-12-93 Pulled tubing and packer. Plugged bottom, tested back in and found hole 2 jts. off bottom. Tested all tubing to 1500#, ran casing scrapper to check for bad place in casing. Casing checked out okay. Replaced 2 jts. tubing. Ran back 72 jts. 2 3/8" plastic coated tubing. Circulated packer fluid. Set packer at 2260.50'. Tested backside, held okay. Placed well back on injection. Witnessed by John Robinson, NMOCD.

AREA mini ഗ RECEIVED 11 38 M 93

18. I hereby certify that the foregoing is true and correct SIGNED		DATE 8-6-93
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side