

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
verse side)

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.)

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

JAN 14 1994

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)	<input type="checkbox"/>		<input 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 checked="" type="checkbox"/>
(Other) <u>Hole in tubing</u>	<input type="checkbox"/>		<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.)*

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, NMOC.

Aug 9 11 39 AM '93
CARL
ARCA

RECEIVED

J. Lara
3 1993

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

SIGNED Karen J. Kashner

TITLE Production Clerk

DATE 8-6-93

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Copy for your file