

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

DEC 20 1993

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well	5. Lease Designation and Serial No. LC-058126
2. Name of Operator Yates Drilling Company	6. If Indian, Allottee or Tribe Name -
3. Address and Telephone No. 105 South 4th Street, Artesia, NM 88210	7. If Unit or CA, Agreement Designation South Loco Hills Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 1980' FEL Section 19-18S-29E	8. Well Name and No. South Loco Hills Unit #18
	9. API Well No. 30-015-87379
	10. Field and Pool, or Exploratory Area Art, QN, GRYBG, SA
	11. County or Parish, State Eddy, 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 type="checkbox"/> Other <u>Hole in tubing</u>
	<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 checked="" 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.)\*

11-19-93 TOH with packer. Plugged bottom, tested back in and found hole in first joint above packer. Replaced 3 jts. tubing. Ran back 72 jts. 2 3/8" plastic coated tubing. Circulated packer fluid and set packer at 2257.62'. Tested backside to 300 psi for 30 min., held okay. Placed well back on injection. NMOCD notified, but did not witness.

ACCEPTED  
(ORIG. SGD.) DAVID R. GLASS  
16 1993  
CARLSBAD, NEW MEXICO

DEC 14 11 03 AM '93  
RECEIVED

Copy and chart sent to NMOCD, Artesia, NM.

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

Signed <u>Loren J. Leishman</u>	Title <u>Production Clerk</u>	Date <u>12-8-93</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

