

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 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 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 660' FSL & 1980' FEL		8. FARM OR LEASE NAME South Loco Hills Unit	
14. PERMIT NO.		9. WELL NO. 18	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3568' KB		10. FIELD AND POOL, OR WILDCAT Artesia, Qn, Grybg, SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 19-18S-29E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Hole in tubing ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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, NMOCD.

Wrong File

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

SIGNED Karen J. Lashman

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