

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other ☒ Injection Well
2. NAME OF OPERATOR
Yates Drilling Co. ✓
3. ADDRESS OF OPERATOR
207 So. 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 FSL & 660 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) ☒ Convert to injection well.

5. LEASE
LC-058126
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
South Loco Hills Unit **RECEIVED**
8. FARM OR LEASE NAME
South Loco Hills Unit **JAN 17 1983**
9. WELL NO.
13 **O. C. D.**
10. FIELD OR WILDCAT NAME
Loco Hills Q-G-SA **ARTESIA, OFFICE**
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit 1, Sec. 19-T18S-R29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3570 KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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.)*

October 28, 1982
Cleaned out. Fill w/sand pump. Set packer at 2340'. Acidized w/750 gallons 15% acid. Pulled packer. Went back in hole with RBP and packer. Set RBP at 2340; packer set at 2280'. Acidized w/750 gallons 15% acid. Pulled packer and RBP. Ran plastic lined packer and 2-3/8 plastic lined tubing to 2195'. Loaded backside w/treated water. (Top perfs at 2294'.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Supervisor DATE 12-6-82

ACCEPTED FOR RECORD

(space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 14 1983

SUBJECT TO LIKE
APPROVAL BY STATE

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side