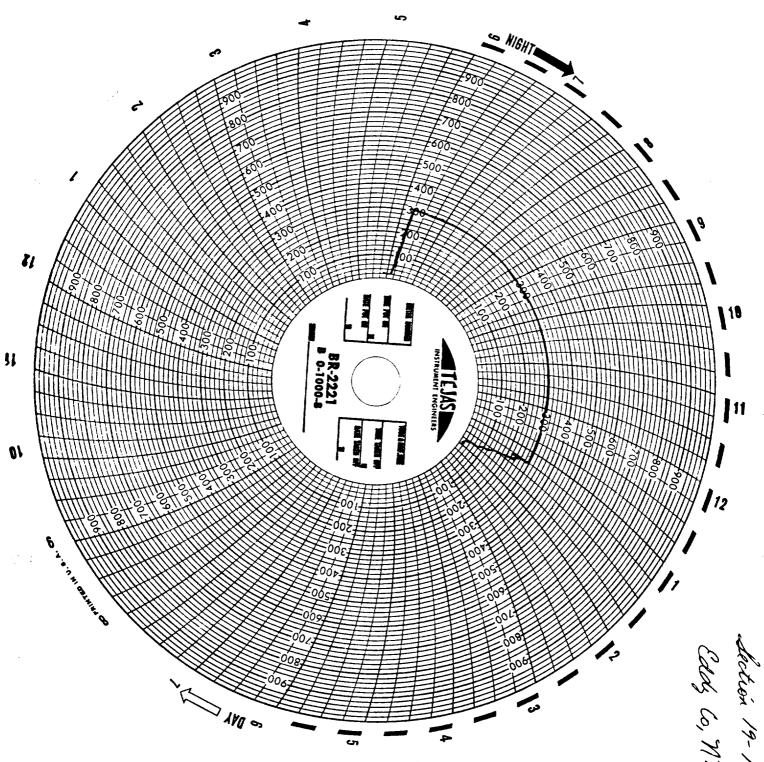
MW OTF COMP COMPERSTOR f wer DD A. cesia, NM 88210

Form 3160-5		UNITED STATES	FORM APPROVED
(June 1990)	DEPART	MENT OF THE INTERIOR	Budget Bureau No. 1004-0135
•		OF LAND MANAGEMENT	Expires: March 31, 1993
DOIGENO OF ENTIRE METANOCHIEM		or Mark Mark Toban Mark T	Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS			1C-058126 1/1/1 2/1/ C3
<b>D</b>			N/VI=5 7/ 8 . 1
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.			6. If Indian, Allottee or Tribe Name
Use "APPLICATION FOR PERMIT" for such proposals			
AUDI VIII DI TRIPINI I A LITTI			7 ICI Init on CA Amount Designation
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation South Loco Hills Unit
			Boutt Loca Tims Citi
I. Type of Well			8. Well Name and No.
Oil Gas			13
☐ Well ☐ Well ☑ Other			
2. Name of Operator			9. API Well No.
Yates Drilling Company			30-015-03518
Yates Drilling Company  3. Address and Telephone No.			10. Field and Pool, or Exploratory Area
105 So. 4th St., Artesia, NM 88210			Loco Hills-Qn-Grb-Sa
4. Location of Well (Footage, Sec., T., R., M., or Survey Description			11. County or Parish, State
			Eddy County, NM
1980' FSL & 660' FEL Section 19-18S-29E AUG 29. 94			200) 00000, 100
		000	
12. CH	IECK APPROPRIATE BO		REPORT OR OTHER DATA
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF JUTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION TYPE OF ACTION			
	Notice of Intent	Abandonment	Change of Plans
	Notice of Intent		
I⊠.	Subsequent Report	Recompletion	New Construction
23 Judgeing Back		Plugging Back	Non-Routine Fracturing
Final Abandonment Notice Casing Repair		Casing Repair	☐ Water Shut-Off
Altering Casing		Conversion to Injection	
Other hole in tuhing		Other hole in tuhing	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.)*			
•			
7 20 0/ MOU with marker Pluscod bottom tooted book in and found bold in 1266 inits			
7-30-94 TOH with packer. Plugged bottom, tested back in and found hole in 13th joint.			
Replaced l jt. tubing. Tested tubing to 1500 psi, tested okay. Ran back			
plastic coated tubing. Circulated packer flu			uid and set packer at 2195.50'.
Tested backside to 300 psi for 20 min., held okay. Returned to injection.			
Notified Ray Smith, NMOCD, 7-29-94, but did not witness.			
			AUG AR
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J. Jan			
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			S7 CE
			<b>≥</b>
			78 <b>4</b>
		•	
14 Physical Control of			
14. I hereby certify that the foregoing is true and correct			
Signed X Orten J Kushmun Title Production Clerk Date 8-2-94			
<del>()</del>	0	- My 1 (System Olivia	
(This space for Federal or State office use)			
Approved by Title			Date
Conditions of approval, if any:			



South Eas Hills Unith. Section 19-185-296 Eddy Co, MM.