

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 Oil Gas <input type="checkbox"/> Well <input type="checkbox"/> Well <input checked="" type="checkbox"/> Other Water Injection Well	5. Lease Designation and Serial No. NM-54183
2. Name of Operator Yates Drilling Company	6. If Indian, Allottee or Tribe Name -
3. Address and Telephone No. 105 South 4th St., 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) 1980' FSL & 660' FEL Section 19-18S-29E	8. Well Name and No. 13
	9. API Well No. 30-015-03518
	10. Field and Pool, or Exploratory Area Loco Hills-Qn-Grb-SA
	11. County or Parish, State Eddy County, 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"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>Packer Failure</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 type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well completion or Recompletion Report and Log Form)</small>

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.)*

5-10-95 RUPU. TOH with packer. Tested tubing, tested okay. Ran back plastic coated tubing and new packer. Circulated packer fluid and set packer at 2195.50'. Tested tubing-casing annulus to 300 psi for 15 min., held okay. Returned well to injection.

NMOCD notified, but did not witness.

RECEIVED

MAY 23 1995

OIL CON. DIV.
DIST. 2

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

Signed Karen J. Lushman Title Production Clerk Date 5-11-95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

