

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0593

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Loco Hills Unit

8. FARM OR LEASE NAME

J. Loco Hills UNIT

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Loco Hills Q-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 20-18S-29E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

105 South 4th Street, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

660' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

3531' KB

O. C. D.

ARTESIA, OFFICE

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Hole in tubing

(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.) *

6-3-88 Rigged up unit.
Found hole in tubing 62 joints from surface.
Replaced joint and tested all tubing to 1600#.
Changed packer out. Ran packer and pumped packer fluid. Set packer and tested casing to 350#. Witnessed by John Robinson, N.M.O.C.D.

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

SIGNED Bill Davis by *[Signature]*

TITLE Production Supervisor

DATE 6-8-88

(This space for Federal or State official use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side