Form 9-331 Drawer DD	Form Approved.	1
Dec. 1973 Artesia, NM & UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	NM 0924	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
<ul> <li>SUNDRY NOTICES AND REPORTS ON WELLS</li> <li>(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.)</li> <li>1. oil gas well other Injection Well</li> <li>2. NAME OF OPERATOR Yates Drilling Co.</li> <li>3. ADDRESS OF OPERATOR 207 So. 4th St., Artesia, NM 88210</li> <li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> <li>AT SURFACE: 660 FNL &amp; 3300 FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:</li> <li>16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</li> </ul>	7. UNIT AGREEMENT NAME South Loco Hills Unit <b>RECEIVED</b> 8. FARM OR LEASE NAME South Loco Hills Unit JAN 1 7 1983 9. WELL NO. 23 10. FIELD OR WILDCAT NAME Loco Hills Q-G-SA <b>O. C. D.</b> ARTESIA, OFFICE 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 30-T18S-R29E 12. COUNTY OR PARISH Eddy NM 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)	instances 1913-1913
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF       FRACTURE TREAT       SHOOT OR ACIDIZE       REPAIR WELL          PULL OR ALTER CASING       MULTIPLE COMPLETE       CHANGE ZONES       ABANDON*    (other) Convert to injection well.    MINERALS MG ROSWELL, MINERALS MG ROSWELL, MINERALS MG ROSWELL, MINERALS MG Including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	(NOTE: Report results of multiple completion or zone change on Form 9-330.) GAS WT. SERVICE EW MEXICO e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and	
11-1-82. Cleaned out sand w/sand pump. Ran perfs 2300-2318, 2328-2338, 2364-2372 w/1500 11-2-82. Pulled treating packer. Ran plast lined 2-3/8 tubing. Set packer at 2206'. L water. (Top perfs at 2300'.)	gallons 15% acid. ic lined packer, plastic	
Subsurface Safety Valve: Manu. and Type <b>18.</b> I hereby certify that the foregoing is true and correction	Set @ Ft.	<u>ing</u> and
SIGNED Le contra conclute TITLE Supervisor	DATE 12-6-82	
		14:1
ACCEPTED FOR PEGARDspace for Federal or State off		
ACCEPTED FOR FEGARDspace for Federal or State off APPROVED BS. Sgd.) PETER W. CHESTER TITLE CONDITIONS OF APPROVAL JEANY 4 1983	DATE	