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une 1990) DEPARTMEN 10 11 50 AT 93 BUREAU OF L	Drawer DD TED STATES Artesia, IN 88210 T OF THE INTERIOR AND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NMLC049947A 6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to dri	AND REPORTS ON WELLS Il or to deepen or reentry to a different reservoi PERMIT—" for such proposals	6. If Indian, Allouce of The Name
SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
. Type of Well Oil Gas WIW		8. Well Name and No.
Name of Operator		Yates #2
YATES PETROLEUM CORPORATION	(505) 748-1471)	9. API Well No.
Address and Telephone No.	30-015-04471 10. Field and Pool, or Exploratory Area	
105 South 4th St., Artesia, M	M 88210	Loco Hills Q-GB-SA
4. Location of Well (Footage, Sec., T., R., M., or Survey De	11. County or Parish, State	
1650' FNL & 330' FWL (SWNW) o	f Section 6-T18S-R30E	
		Eddy Co., NM
	s) TO INDICATE NATURE OF NOTICE, REP	PORT, OR OTHER DATA
TYPE OF SUBMISSION		
X Notice of Intent	X Abandonment	Change of Plans
		New Construction
Subsequent Report		Water Shut-Off
	Casing Repair	Conversion to Injection
Final Abandonment Notice	Altering Casing Other	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
3 Describe Proposed or Completed Operations (Clearly state a	] Il pertinent details, and give pertinent dates, including estimated date of strong details for all markers and zones pertinent to this work.)*	arting any proposed work. If well is directionally drilled,
give subsurface locations and measured and true very	cal depuis for all markers and zones permitten to and string	· · ·
POOH.	. RIH w/bit and scraper on tubing a	10-22-
2. Run cement bond log to de 3. GIH w/CIBP and set at 262	20'. Dump 35' of cement on top of C	IBP.
4 holes at 2285'. POOH. Queen with 50 sacks Class POOH. Pressure test cast	20'. Dump 35' of cement on top of C e 2285', spot a 25 sack plug from 24 ment is not above the top of Queen ( GIH w/cement retainer on tubing an s "C" 2% CaCl2. Dump 35' of cement ing to 500 psi. If casing does not	on top of retainer. hold, RIH w/RBP and
5. If holes are above the b the base of the salt, GI retainer on tubing and s 2% CaCl2. Dump 35' of c	ase of the salt (1090') and TOC (fro H and perforate 4 holes at 1090'. P et at 1040'. Squeeze Base of Salt w ement on retainer. POOH. '	with 50 sacks Class "C"
7 OTH / mont rotainor on	2-3/8" tubing and set retainer at 3 lass "C" 2% CaCl2. Dump 35' of ceme	ent on relainer.
14. I hereby certify that the foregoing is you and correct	······································	CONTINUED ON NEXT PAGE
Signed Kusty Llin	Tide Production Clerk	Date August 17, 1993
(This space for Federal of State office use) Approv 60 P1G 83D 10E G. LARA	Tide PETROLEUM ENGINEE	P Date 9/22/93
Approved by the second		
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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.

Form 3160-5 (June 1990) Do not use this fo	UNITED S DEPARTMENT OF BUREAU OF LAND SUNDRY NOTICES AND orm for proposals to drill or Ise "APPLICATION FOR PEF	THE INTERIOR MANAGEMENT REPORTS ON WE	to a different reser	Budget Bureau Expires: M 5. Lease Designation NMLC0499 6. If Indian, Allottee	47A or Tribe Name	
SUBMIT IN TRIPLICATE					7. If Unit or CA, Agreement Designation	
1. Type of Well Oil Gas Well Well 2. Name of Operator YATES PETROL	Yates # 9. API Well No.	8. Well Name and No. Yates #2 9. API Well No. 30-015-04471				
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210					or Exploratory Area	
4. Location of Well (Foota 1650' FNL &	ge, Sec., T., R., M., or Survey Descriptio 330' FWL (SWNW) of Se	<sup>on)</sup> ction 6-T18S-R3		Loco Hills 11. County or Parish Eddy Co	, State	
12. CHECK	APPROPRIATE BOX(s) TO	DINDICATE NATU				
TYPE OF SUBMISSION   TYPE OF ACTION     Image: Subsequent Report   Image: Casing Repair   Image: Casing Repair   Image: Casing Repair     Image: Subsequent Report   Image: Casing Repair   Image: Casing Repair   Image: Casing Repair   Image: Casing Repair     Image: Subsequent Report   Image: Casing Repair   Image: Conversion to Injection     Image: Subsequent Report   Image: Casing Repair   Image: Conversion to Injection   Image: Conversion to Injection   Image: Conversion to Injection     Image: Subsequent Report   Image: Casing Repair   Image: Conversion to Injection   Image: Conversion to Injection     Image: Subsequent Report   Image: Casing Repair   Image: Conversion to Injection   Image: Conversion to Injection     Image: Subsequent Report   Image: Casing Conversion to Injection   Image: Conversion to Injection   Image: Conversion to Injection     Image: Subsequent Report   Image: Casing Conversion to Injection   Image: Casing Conversion to Injection   Image: Conversion to Injection     Image: Subsequent Report   Image: Casing Conversion to Injection   Image: Casing Conversion to Injection   Image: Conversion to Injection     Image: C						
	· · ·					
signed Lus	the foregoing is true and correct	Title Product	ion Clerk		ust 17, 1993	
(This space for Feder Approved by Conditions of approv	al of State office use) al, if any:	Title		Date		

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