

Drawn by
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
047269(a)
LC ~~047269~~

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL ☐ GAS ☐ OTHER ☐ WIW

O. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 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, Sec. 7-T18S-R30E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Loco Hills Gas Ut.

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Loco Hills-Q-Grbg-SA

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

Unit M, Sec. 7-18S-30E

14. PERMIT NO.

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

12. COUNTY OR PARISH 13. STATE

Eddy

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Change packer & tubing

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Propose to replace tubing with 2-3/8" plastic coated tubing. Replace packer with 5 1/2 x 2-3/8 plastic coated packer set at 2170'.

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

SIGNED Quanta Dood

TITLE Production Supervisor

DATE 9-7-84

(This space for Federal or State office use)

AREA MANAGER
CARLSEAD REGION

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

10-26-84

Subject to
Like Approval
by State

*See Instructions on Reverse Side