

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OCT - 8 1992

O. C. D.
ARTESIA OFFICE

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

5. Lease Designation and Serial No.
LC 047629-A 047264-A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other TA or PA Well

2. Name of Operator
YATES PETROLEUM CORPORATION (505) 748-1471

3. Address and Telephone No.
105 South 4th St., Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit K, 1650' FSL & 1650' FWL, Sec. 7-T18S-R30E, NMPM

7. If Unit or CA, Agreement Designation

West Loco Hills Ut G4S

8. Well Name and No.
Tract 1, Well #5

9. API Well No.
30-015-04494

10. Field and Pool, or Exploratory Area
Loco Hills-Q-G-SA

11. County or Parish, State
Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other TA/PA Well
	<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

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Propose to TA well or plug and abandon well.
See attachment for proposed work procedure.

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

Signed [Signature] Title Production Supervisor

Date 3-26-92

(This space for Federal or State office use)

Approved by [Signature] Title _____
Conditions of approval, if any:

Date 4-3-92