| Form | 9-331 |
|------|-------|
| (May | 1963) |

TEST WATER SHUT-OFF

(Other)

- NAM. O. C. C. COPY -

REPAIRING WELL

| (fig. 1963) | DEPARTMENT OF THE INTERIOR (Other instructions on GEOLOGICAL SURVEY | NM-021095 |
|--|---|--|
| | RY NOTICES AND REPORTS ON WELLS in for proposals to drill or to deepen or plug back to a different reservoir. se "APPLICATION FOR PERMIT—" for such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS WELL | OTHER WIW | 7. UNIT AGREEMENT NAME LOCO HILLS FLOOD |
| NAME OF OPERATOR | | 8. FARM OR LEASE NAME Yates "At" |
| P.O. Box 1305. A | Artesia. New Mexico 88210 | 9. WELL NO. |
| LOCATION OF WELL (Repo See also space 17 below. At surface | ort location clearly and in accordance with any State requirements. | 10. FIELD AND POOL, OR WILDCAT LOCO HILLS (Q.G.SA) 11. BEC., T., R., M., OR BLK. AND BURYAT OR AREA |
| 2310' FSL & 2310' FEL of Section 6 | | 6-18S-30E NMPM |
| 4. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3536 GLM | 12. COUNTY OF PARISH 13. STATE Eddy New Mexico |
| 6. | Check Appropriate Box To Indicate Nature of Notice, Report, | or Other Data BREQUENT REPORT OF: |

ALTERING CASING PRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE (Other) Temporary Abandonment CHANGE PLANS REPAIR WELL (Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

WATER SHUT-OFF

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 sones pertinent to this work.) *

51 12-69

PULL OR ALTER CASING

We request an extension of approval for Temporary Abandonment for one year. This property is under study for tertiary recovery operations.

RECEIVED

OCT 22 1975

O. C. C. ARTESIA, OFFICE ARTESIA, NEW MEXICO

| | | · |
|---|--|---------|
| 18. I hereby certify that the foregoing is true | | 9-11-75 |
| SIGNED CANEL & ME TO | TITLE Office Manager | DATE |
| (This space for Federal on State office us | a) | |
| CONDITIONS OF APPROVAL, IF ANY: | TITLE ROYED WELDER BY | DATE |
| CONTINUES TO THE TOTAL TO | TITLE ROVED WELL HUST TESS FURTHER LISE OR PLUGGED BY E PUT TO BENBFICAL USE OR PLUGGED BY | |
| Sum | 1 3 P 0 340 . 001 = | |

*See Instructions on Reverse Side