

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER INDICATED*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR

SEP 28 1992

Yates Drilling Company

3. ADDRESS OF OPERATOR

105 South 4th Street, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 2310' FEL

14. PERMIT NO.

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

3535' GR

5. LEASE DESIGNATION AND SERIAL NO.

LC-067132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Denton Federal

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Loco Hills-Qn-Grb-SA

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

Section 20-18S-29E

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Casing Integrity Test

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.)*

9-8-92 Tested casing to 560#, tested okay. Shut in well.

Test witnessed by Don Early, BLM Carlsbad.

Request permission to temporarily abandon well.

THIS REPORT OF TEMPORARY
ABANDONMENT EXPIRES

9/97

See

APPROVED FOR 12 MONTH PERIOD

ENDING 9/8/93

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

SIGNED Karen J. Luskman

TITLE Production Clerk

DATE 9-11-92

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 9/24/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

