

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions  
verse side)

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

45F

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-54183	
2. NAME OF OPERATOR Yates Drilling Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, NM 88210		7. UNIT AGREEMENT NAME South Loco Hills Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1310' FSL & 130' FEL		8. FARM OR LEASE NAME South Loco Hills Unit	
14. PERMIT NO.		9. WELL NO. 29	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3532'		10. FIELD AND POOL, OR WILDCAT Loco Hills-Q-G-SA	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-18S-29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Production Casing <input checked="" type="checkbox"/>	
(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.)*			

7-29-92 Drilled plug and resumed drilling.  
8-1-92 TD 2500'. Reached TD 8-1-92.  
8-2-92 Ran 57 jts. 5 1/2", J-55 17# casing, set at 2500'. Cemented with 300 sxs. Halliburton Lite Premium Plus, 6#/sx. Salt, 1/4#/sx. Flocele, .2% Halad, .2% CFR-3. Tailed in with 325 sxs. Premium Plus, 5#/sx. Salt, 10#/sx. Microbond, .3% Halad-4, .4% CFR-3. Circulated 128 sxs. to pit. PD at 3:30 PM, 8-1-92.  
Waiting on completion unit.

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>Karen J. Liskman</u>	TITLE <u>Production Clerk</u>	DATE <u>8-10-92</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

RECEIVED  
AUG 11 11 04 AM '92  
CARLESON  
AREA HEADQUARTERS

4 1992