

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP?  
(Other instructions  
verse side)

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

4/5P

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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
11. PERMIT NO.		9. WELL NO. 29
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Loco Hills-Qn-Grb-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.19-18S-29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Conversion to Injection Well <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)\*

We propose to convert the existing well to injection as follows:

1. Pull rods, pump and tubing.
2. Run tension injection packer to 2325' on plastic lined 2 3/8" tubing.
3. Circulate corrosion inhibiting fluid into casing/tubing annulus.
4. Set packer.
5. Connect wellhead to existing injection system.

Work will be started after approval of NMOCD C-108 has been granted by NMOCD.  
(C-108 copy previously furnished to BLM-Carlsbad).

RECEIVED  
JAN 19 8 20 AM '93  
CARLSBAD AREA

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

SIGNED John Rhoads TITLE Petroleum Engineer DATE 1/15/93

(This space for Federal or State official use)

APPROVED BY David H. Mass TITLE PETROLEUM ENGINEER DATE 1-21-93  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side