

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-27052
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW	7. Lease Name or Unit Agreement Name South Loco Hills Waterflood
2. Name of Operator Yates Drilling Company	8. Well No. 29
3. Address of Operator 105 South 4th St., Artesia, NM 88210	9. Pool name or Wildcat Loco Hills, Qn, GRB, SA
4. Well Location Unit Letter <u>P</u> : <u>1310</u> Feet From The <u>South</u> Line and <u>130</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>18S</u> Range <u>29E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3532' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Convert to Water Inj. Well <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-29-94 TOH with rods and pump. TIH with 2 3/8" plastic coated tubing and 5 1/2" AD-1 Tension Packer. Set packer @ 2335.15'. Loaded back side and pressure tested tubing. Pulled 15 points into packer and tested for 15 min. at 300 psi.

Started injecting water.

Gary Williams, NMOCD witnessed test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Loren J. Leudman TITLE Production Clerk DATE 11-30-94
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Indicate with initials