(UNITED STATES MENT OF THE INTERIOR OF LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.	
	ICES AND REPORTS ON WELLS	NMNM82514X	
Do not use this form for proposals to drill or		6. If Indian, Allottee or Tribe Name	
Use "APPLICATION FO	R PERMIT" for such proposals	_	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation	
		Cactus Queen Unit	
Type of Well		8. Well Name and No.	
Oil Gas Well Well X Other Water Injection Well		7	
2. Name of Operator		9. API Well No. 30-005-20959	
Yates Drilling Company			
3.Address and Telephone No.		10. Field and Pool, or Exploratory Area	
105 So. 4th St., Artesia, NM 88210 505-748-1471		SE Chaves Queen Gas Area Assoc.	
4. Location of Well (Footage, Sec., T., R., M., or Survey De	· · · · · · · · · · · · · · · · · · ·	11. County or Parish, State	
1650' FNL & 990' FWL Sec	etion 34-12S-31E \		
		Chaves, NM	
12. CHECK APPROPRIATE BO	X(s) TO INDICATE NATURE OF NOTICE, I	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent	Abandonment	Change of Plans	
	Recompletion	New Construction	
Subsequent Report	Plugging Back	Non-Routine Fracturing	
Final Abandonment Notice	Casing Repair	Water Shut-Off	
	Altering Casing	Conversion to Injection	
	X Other Packer Failure	Dispose Water (Note : Report results of multiple completion on Well	
		completion or Recompletion Report and Log Form)	

13. 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)*

5-4-95 RUPU. TOH with tubing and packer. Tested tubing to 2300 psi, tested okay. Ran back plastic coated tubing and new packer. Circulated packer fluid and set packer at 2664.02'. Tested tubing-casing annulus to 300 psi for 30 min., held okay. Returned to injection.

NMOCD notified, but did not witness.

Chart attached.

hereby certify that the foregoing is true and corre-		Date5-	-11-95
This space for Federal or State office use) Approved by	Title	Date	MAY 1 2 1225
Conditions of approval, if any:	RECORD ONLY		MAT 2 2 Mart
	y person knowingly and willfully to make to any department or	agency of the United States any	false, fictitious or fraudulent statements o
	*See Instruction on Revers	e Side	



PERENE



RECEILED

OCD IN OFFICE