

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLICATE

(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-015807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Cactus Queen Unit

8. FARM OR LEASE NAME

Cactus Queen Unit

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

SE Chaves Qn Gas Area Assoc.

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

34-12S-31E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

2. NAME OF OPERATOR

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

2310' FSL & 2310' FEL

Unit J

14. PERMIT NO.

30-005-20463

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

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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Tested Csg. & Pkr. ☒

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.)

5/26/93 Tested casing and packer to 500#, held okay. Test witnessed by Jack Griffin, NMOCD. (Chart attached) Packer is set at 2915.64'. Injection interval is 2982'-2990'. Began water injection.



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

SIGNED Karen J. Lushman

TITLE Production Clerk

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 6/4/93

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

JUN 30 1993

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side