

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

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"/>		7. UNIT AGREEMENT NAME Cactus Queen Unit	
2. NAME OF OPERATOR Yates Drilling Company		8. FARM OR LEASE NAME Cactus Queen Unit	
3. ADDRESS OF OPERATOR 105 South 4th Street, Artesia, NM 88210		9. WELL NO. 12	
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 2		10. FIELD AND POOL, OR WILDCAT SE Chaves Qn Gas Area Assoc.	
11. PERMIT NO. 30 CCS-72963		12. COUNTY OR PARISH Chaves	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		13. STATE NM	

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

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) Convert to WIW R-96 15-A-1	X
(Other) _____			

(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.)\*

3-30-93 RUPU. Ran 90 jts 2 3/8" plastic coated tbg. and packer. Set packer at 2915.64'. Preparing to begin water injection. perf 2-28-93

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

SIGNED Karen J. Luskman

TITLE Production Clerk

DATE 5-10-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE TO LIKE  
SUBJECT TO LIKE  
APPROVAL BY STATE

APPROVED  
PETER W. CHESTER  
DATE  
MAY 13 1993  
BUREAU OF LAND MANAGEMENT  
WELL RESOURCE

\*See Instructions on Reverse Side

**RECEIVED**

**MAY 14 1993**

**OCD HOBBS OFFICE**