

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF

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 Form 9-331-C for such proposals.)

- 1. oil well gas well other
- 2. NAME OF OPERATOR
Yates Petroleum Corporation
- 3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, New Mexico 88210
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980'FWL & 660'FNL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | | | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

- 5. LEASE
NM 10893
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **RECEIVED**
- 7. UNIT AGREEMENT NAME
DEC 31 1981
- 8. FARM OR LEASE NAME
Godfrey "MP" Federal **O. C. D.**
- 9. WELL NO.
3 **ARTESIA, OFFICE**
- 10. FIELD OR WILDCAT NAME
Wildcat Und. Also
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15-T7S-R25E
- 12. COUNTY OR PARISH
Chaves
- 13. STATE
NM
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)
3836.5 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 change the casing program from 10 3/4" surface casing to 8 5/8" and in case of lost circulation, 7" casing will be run instead of 7 5/8". 649 sx of cement will be circulated on 8 5/8" casing.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Reg. Manager DATE 12/28/81

APPROVED (This space for Federal or State office use)
(Orig. Sgd.) **ROGER A. CHAPMAN**
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
DEC 29 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side