

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 South 4th St., Artesia, NM 88210
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 860 FSL & 660 FWL, Sec. 9-8S-25E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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 checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> | <input type="checkbox"/>            |
| PULL OR ALTER CASING     | <input 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) Production Casing, Perforate

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.)\*

TD 4100'. Ran 99 joints of 4-1/2" 9.5# K-55 casing set at 4076'. Auto-fill float shoe at 4076'. Cemented w/400 sacks 50/50 Poz, .3% CFR-2, .3% Halad-9 and 2% KCL. Compressive strength of cement - 750 psi in 12 hours. PD 11:30 PM 3-13-82. Bumped plug to 1187 psi, released pressure and float held okay. WOC. WIH and perforated 3613-3781' w/12 .50" holes as follows: 3613-18' (6 holes); 3640-43' (4 holes); 3688' (1 hole) and 3781' (1 holes). Acidized w/1000 gallons 7 1/2% Spearhead acid and 13 ball sealers. Frac'd perforations 3613-3781' (via tubing) w/2000 gallons gelled KCL water, 19 tons CO2 and 40000# 20/40 sand. Well flowed 5 psi on 3/4" choke = 264 mcfpd.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Engineering Secty DATE 4-7-82

(This space for Federal or State office use)

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

- 5. LEASE  
NM 9539
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_
- 7. UNIT AGREEMENT NAME \_\_\_\_\_
- 8. FARM OR LEASE NAME  
Williamson LC Federal
- 9. WELL NO.  
4
- 10. FIELD OR WILDCAT NAME  
Und. Pecos Slope Abo
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit M, Sec. 9-T8S-R25E
- 12. COUNTY OR PARISH 13. STATE  
Chaves NM
- 14. API NO. \_\_\_\_\_
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3649.5' GR

RECEIVED  
APR 8 1982  
O. C. D.  
ARTESIA, OFFICE

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