Form 9-331 Dec. 1973

'M OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

C/871

## UNITED STATES

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY** 

SUNDRY NOTICES AND REPORTS ON WELLS

DEC 1 6 1982

DISTRICT SUPERVISOR

JAMES A. GILLHAM . See Instructions on Reverse Side

FOR

	LC-063567  6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
ıt	7. UNIT AGREEMENT NA	RECEIVED .
	8. FARM OR LEASE NAM Yates Federal	DEC 1 7 1982
_	<b>9.</b> WELL NO. 4	_
~	10. FIELD OR WILDCAT N McMillan Seven	
g 7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
	Sec. 8, T-20S, R-27E	
	12. COUNTY OR PARISH Eddy	13. STATE N.M.
_	14. API NO.	
•	15. ELEVATIONS (SHOW	DF, KDB, AND WD)
(NOTE: Report results of multiple completion or zone change on Form 9-330.)  ate all pertinent details, and give pertinent dates,		
directionally drilled, give subsurface locations and ent to this work.)*		
GIL & GAS MINERALS MGMT. SERVICE ROSWELL, NEW MEXICO		

(Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.) 1. oil gas well other TEMPORARILY ABANDONED well 2. NAME OF OPERATOR Yates Energy Corporation L 3. ADDRESS OF OPERATOR Security National Bank Bld Suite 919, Roswell, New Mexico 88201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: AT TOP PROD. INTERVAL: 330' FNL & 330' FWL 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* CHANGE OF OPERATOR (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine CHANGE OF OPERATOR EFFECTIVE 7/1/82 FROM: Harvey E. Yates Company P. O. Box 1933 Roswell, New Mexico 88201 TO: Yates Energy Corporation DESIGNATION OF OPERATOR ATTACHED Subsurface Safety Valve: Manu. and Type \_\_\_\_ \_\_\_ Set @ \_\_ 18. I hereby certify that the foregoing is true and correct Engineer August 6, 1982 TITLE mark DATE APPROVED This space for Federal or State office use) APPROVED EVAS 284.) PETER W. CHESTER \_\_\_\_ DATE \_\_\_ CONDITIONS OF APPROVAL, IF ANY: