UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

				J**
VOCIMILE	NOTICES	VND	REPORTS	ON WELLS

(Do not use this form for proposals to drill or to	deepen or	plug bac	k to a different
reservoir, Use Form 9-331-C for such proposals.)			

1.	oil	\Box	gas		
	well	\mathbf{x}	well	ш	other

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

207 South Fourth St., Artesia, N.M. 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2285' FSL & 2055' FEL

AT TOP PROD. INTERVAL:

REQUEST FOR APPROVAL TO:

AT TOTAL DEPTH:

TEST WATER SHUT-OFF

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

(other) Amend APD

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

ABANDON*

SIGNED

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

SUBSEQUENT REPORT OF:

な、LEASE

NM-26659

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gillespie Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME Wildcat

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

Section 29-23N-8W

12. COUNTY OR PARISH. 13. STATE

San Juan New Mexico

14. API NO

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6727 GR

RECEIVED

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

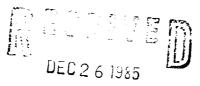
DEC 19 1985

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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 request permission to change the proposed casing program, as follows:

Size Hole	Size Casing	Weight	Setting Depth	Cement Quantity
 (unchanged) n 7 7/8"	4 1/2"	9.5#	5000'	app. 1000 sxs. 2-Stage



Subsurface Safety Valve: Manu. and Type

OIL CON. DIV.

Set (w

£t.

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

DIST. 3

DATE

12-16-85

(This space for Federal or State office use)

Engineer

APPROVED BY _______

TITLE

TITLE

DATE

*See Instructions on Reverse Side

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