

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

Form Approved.  
Budget Bureau No. 42-R1424

Form 9-331  
Dec. 1973

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 ☐ gas ☐ other ☐ TEMPORARILY ABANDONED  
2. NAME OF OPERATOR  
Yates Energy Corporation ✓  
3. ADDRESS OF OPERATOR Security National Bank Bldg  
Suite 919, Roswell, New Mexico 88201  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  
below.)  
AT SURFACE: 2310' FNL & 630' FWL  
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 ☐ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☐ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) CHANGE OF OPERATOR

5. LEASE  
LC-063567

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Yates Federal

9. WELL NO.  
16

10. FIELD OR WILDCAT NAME  
McMillan Seven Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
Sec. 5, T-20S, R-27E

12. COUNTY OR PARISH: 13. STATE  
Eddy 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.)

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.)\*

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

MINERAL SERVICE  
ROSWELL, NEW MEXICO

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

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

SIGNED: John R. McMinn TITLE: Engineer DATE: August 6, 1982

APPROVED BY: PETER W. CHESTER (This space for Federal or State office use)  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEC 16 1982

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side