

C/27

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 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.)
2170 FNL & 785 FWL, Sec. 12-21S-21E
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE NM 56216

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Little Box UB Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Indes. Box Canyon

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit E, Sec. 12-T21S-R21E

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4376' GR

RECEIVED BY
MAY 15 1984
O. C. D.
ARTESIA, OFFICE.

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 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			<input checked="" type="checkbox"/>

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

RECEIVED
FEB 6 10 36 AM '84
BUREAU OF OIL FIELD REVENUE
ROCKY MOUNTAIN DISTRICT

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 8400'. Ran 179 jts of 4-1/2" 10.5# K-55 ST&C casing set at 7122'. 1-regular guide shoe set at 7122'. Float collar set at 7081'. Cemented w/700 sacks Class "C", .4% CF-9, .3% TF-4, 2% AFS and 3#/sack KCL. Slurry weight 14.8, 1.32 cu.ft./sack. Compressive strength of cement - 900 psi in 12 hrs. PD 12:45 PM 1-23-84. Bumped plug to 1750 psi, released pressure and float held okay. WOC 18 hours.

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

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

SIGNED Yvonne D. Dutton TITLE Production Supervisor DATE 2-2-84
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY SWG TITLE _____ DATE _____
CONDITIONS OF APPROVAL MAY 14 1984

Carlsbad NEW MEXICO

*See Instructions on Reverse Side