

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 Drilling Company
- 3. ADDRESS OF OPERATOR  
207 South 4th St., Artesia, NM 88210
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980 FSL & 660 FWL, Sec. 34-T12S-R31E  
AT SURFACE:  
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 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) Pull packer out of hole <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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.)\*

Pulled packer out of hole to put well on pump; well flowed oil and gas.

5. LEASE NM 15896

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME DeLuna Federal

9. WELL NO. 1

10. FIELD OR WILDCAT NAME Und. Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 34-T12S-R31E

12. COUNTY OR PARISH Chaves 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4193.2' GR

RECEIVED BY  
OCT 11 1983  
O. C. D.  
ARTESIA, OFFICE

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

RECEIVED  
OCT 11 1983

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

18. I hereby certify that the foregoing is true and correct  
SIGNED \_\_\_\_\_ TITLE Supervisor DATE 10-3-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT - 7 1983

\*See Instructions on Reverse Side