

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.)
1920 FAL 1920 T101

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) Perforate additional Abo

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.)*

Propose to improve well performance by selectively perforating additional Abo pay 3570-3582' and stimulating as necessary to obtain production.

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

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

SIGNED Albert R. Estal TITLE Engineer DATE 12-22-80

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY: DATE _____

DEC 24 1980

| | |
|---|-----------------|
| 5. LEASE NM 11103 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME Globe MN Federal | |
| 9. WELL NO. 1 | |
| 10. FIELD OR WILDCAT NAME Wildcat Abo | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F-Sec. 1-T5S, R24E | |
| 12. COUNTY OR PARISH Chaves | 13. STATE NM |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3896' GR | |

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO