	N.M.O.C.D. COP	Y T	с :	SF	
Form <b>9-331</b> (May 1963)	UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on re- DEPARTMENT OF THE INTERIOR (Other instructions on re-		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SEEIAL NO.		
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 "APPLICATION FOR PERMIT—" for such proposals.)			6. IF INDIAN, ALLOTTEE OR TRIBE	<u>CEIVED</u> NAME 2:8 1980	
I. OIL GAS WELL X OTHER 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME O. C. D.		
Yates Petroleum Corporation			8. FARM OR LEASE NAMEARTESIA, OFFICE Red Rock NB Federal 9. WELL NO.		
207 South 4th Street, Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			1 10. FIELD AND POOL, OR WILDCAT		
At surface 1980' FSL & 660 FEL, Sec. 28, T6S, R25E			Wildcat 11. SEC., T., E., M., OE BLK. AND SURVEY OF AREA		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		Sec. 28, T6S-R25E 12. COUNTY OB PARISH 13. STATE	, ,	
	Check Appropriate Box To Indicate Nature of No	tico Roport or O	NM		
TD 5000': P production. Cut and reco plug (35 sx	BUT-OFF   PULL OR ALTER CASING     T   MULTIPLE COMPLETE     ABANDON*   SHOOTI     CHANGE PLANS   Change plans     BED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and streetions and more all pressure all pertinent details, and streetions and more all pressure all pertinent details.	Norm: Report results ( completion or Recomple give pertinent dates, 1 ured and true vertical addres formatic spot 100' Cla pressure test, ate as needed	REPAIRING WELL ALTEBING CASING ABANDONMENT* Test San Andres of multiple completion on Well tion Report and Log form.) ncluding estimated date of starting depths for all markers and zones apable of commercial on as follows: ass C cement coloctively	g aný perti-	
		U. S. 61	PR 2 5 1980 ULUGICAL SURVEY		
		ARTES	AA, NEW MEXICO		
SIGNED	that the foregoing is true and correct		<u>4/25/80</u>		
APPROVED BT	Federal or State office use) City   .) GEORGE H. STLWART TITLE	E service in the service of the serv	DATE DATE		
CONDITIONS OF	F APPROVAL, IF ANY:				

\*See Instructions on Reverse Side