

M.O.C. COPY

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.) 1980' FSL & 660' FEL  
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

5. LEASE  
NM-11799
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
RECEIVED
8. FARM OR LEASE NAME  
Hahn NH Federal
9. WELL NO.  
1  
O. C. D.  
ARTESIA OFFICE
10. FIELD OR WILDCAT NAME  
Und. Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit I Sec. 9-T7S-R25E
12. COUNTY OR PARISH  
Chaves
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3865' GR

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

RECEIVED  
DEC 2 1980

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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 3704-3858' 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. Hall TITLE Engineer DATE 12-22-80

(This space for Federal or State office use)

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

DEC 24 1980