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N.M.O.C.D. COPY	1
For.m 9–331	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM-10263
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different sservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME JAN 30 1981
1. oil gas Dry Hole	Thomas LN Federal 9. WELL NO. O. C. D.
2. NAME OF OPERATOR	2 ARTESIA, OFFICE
Yates Petroleum Corporation 🗸	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 207 South 4 St., Artesia, NM 88210	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Unit F, Sec. 12-T6S-R25E
below.)	
AT SURFACE: 2310 FNL & 2310 FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Chaves NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3803.1' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	2002.1 GK
Itest water shut off Itest water shut off Itest water shut off FRACTURE TREAT Itest water shut off Itest water shut off Shoot or acidize Itest water shut off Itest water shut off Shoot or acidize Itest water shut off Itest water shut off REPAIR WELL Itest water shut off Itest water shut off PULL OR ALTER CASING Itest water shut off Itest water shut off	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
Propose to plug and abandon this well by sett	ing Class C cement plug
from 288' to 150' and 15 sack plug at surface	e with regulation
abandonment marker. Location will be restore	ed according to landowner-
operator agreement.	_
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OIL CONSLEMATION DIVISION	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
	DATE Jan. 19, 1981
(This space for Federal or State of CHESTER ACTING DISTRICTION OF STATES ACTING DISTRICTUON OF STATES A	OFFICE USE) DATE JAN 2 3 1981
APPROVED BY CHESTER ACTING DISTRUCT CONDITIONS OF APPROVAL, IF ANY:	DATE2 3 1981
*See Instructions on Revers	e Side
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