

**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 ☐ gas ☒ other ☐ well ☐ well ☒

2. NAME OF OPERATOR  
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR  
207 South 4th St., Artesia, NM 88210

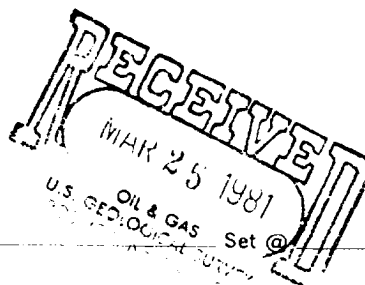
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 660' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same

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 checked="" type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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) <input 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.)\*

Production from the present Abo (4048' to 4053') interval has declined. We propose to selectively perforate & stimulate, as required to obtain production, three (3882 to 3896'), (3778 to 3883'), 3676 to 3684'), more Abo intervals. Plans are to produce 3 new zones along with current zone.



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

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

SIGNED Lee Springer TITLE Engineer DATE 3-24-81

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**APPROVED**

MAR 25 1981

JAMES A. GILLHAM  
DISTRICT SUPERVISOR