

Form 9-331
Dec. 1973

RECEIVED BY

JUN 26 1984
UNITED STATES
DEPARTMENT OF THE INTERIOR
O. C. D. GEOLOGICAL SURVEY
ARTESIA, OFFICE

NM OIL CONS. COMMISSION

Drawer DD
Artesia, NM

Form Approved.
Budget Bureau No. 42-R1424

C/87

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
John A. Yates, Jr.
3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 11/14 11/2
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) change operator | | |

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.)*

Request change of operator from: Yates Petroleum Corp.

to: John A. Yates, Jr.

8. FARM OR LEASE NAME
Comanche "PQ" Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Undes. SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27-T10S-R25E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3536.1' GL

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

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

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

SIGNED Debra L. Yellman TITLE Regulatory Secretary DATE 6/1/83

APPROVED

(This space for Federal or State office use)

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

JUN 25 1984

*See Instructions on Reverse Side

1

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

2. The second part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

3. The third part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

4. The fourth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows: