

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS

(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 ☐2. NAME OF OPERATOR
John A. Yates Jr.3. ADDRESS OF OPERATOR
207 S. Fourth St., Artesia, N.M.4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 FNL & 990 FEI.
AT TOP PROD. INTERVAL: 948'
AT TOTAL DEPTH: 1006'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐
☐5. LEASE
M-27909

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

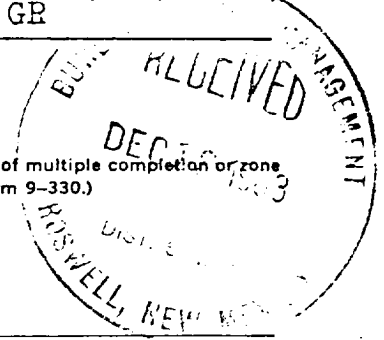
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Comanche P. Fed #19. WELL NO.
#110. FIELD OR WILDCAT NAME
Bitter Lakes SA, South11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit A, Sec. 27- T10N-R25E12. COUNTY OR PARISH
Chaves13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3536.1' GR

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



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.)*

The said well was re-entered to re-acidize the existing perms;

- 1) the rods and tubing were pulled and the pump shopped,
- 2) a work string (2^{3/8}") was run to 996' and tagged bottom,
- 3) one joint was backed off and tubing set approx. 960-965ft., packer set 890'
- 4) well was acidized w/ one barrel 15%HCl and surfactant and the well went on a vacuum

- 5) the remainder of 5000 gallons of 15%HCl was pumped in the well at a rate of 4.2 bpm and 900psig maximum pressure,
- 6) well shut-in overnight, flowed back five hours, swabbed balance

Subsurface Safety Valve: Manu. and Type of working day, then pump hung set @ _____ Ft.

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

SIGNED John A. Yates Jr. TITLE Oil Operator DATE Dec 15, 1983

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY
CONDITIONS OF

PETER W. CHESTER

TITLE

DATE

APPROVAL, IF ANY:

MAY 16 1984