Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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 Street, Artesia, NM   88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL and 660' FWL
AT TOP PROD. INTERVAL: Same
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	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☒	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)_____		

5. LEASE
NM   13402

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Beard "QQ" Federal Com.

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit M   Sec. 18-7S-26E

12. COUNTY OR PARISH   13. STATE
Chaves   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3636' GL

(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.)*

We request approval to alter casing program as follows:

17½" hole w/13 3/8" casing approx. 420' CIRCULATE

12½" hole w/ 8 5/8" casing approx. 1450' CIRCULATE

7 7/8" hole w/4 1/2" casing to TD

RECEIVED

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

18. I hereby certify that the foregoing is true and correct
SIGNED _____ APPROVED _____   TITLE Geographer   DATE March 24, 1981

APPROVED BY (Sgd.) GEORGE H. STEWART   MAR 25 1981
CONDITIONS OF APPROVAL IF ANY

JAMES A. GILLHAM
DISTRICT SUPERVISOR

(This space for Federal or State office use)
TITLE _____   DATE _____

*See Instructions on Reverse Side