Artesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS

LENDE		
	NM	998

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED 7. UNIT AGREEMENT NAME

	J			•		•
8.	FARM	OR	LEASE	NΑ	MĘ:	

MAR 1 9 1983

Teckla MD Federal 9. WELL NO.

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR

Unit J, Sec. 13-T6S-R25E

12. COUNTY OR PARISH 13. STATE Chaves

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3776.4' GR

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

(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.) well gas well |X other 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

AT SURFACE: 1980 FSL & 1980 FEL, Sec. 13-6S-25E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

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:

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.)*

TD 4300'. Ran 107 joints of 4-1/2" 9.5# J-55 casing set 4300'. 1-regular guide shoe set 4300'. Float collar set 4260'. Cemented w/375 sacks 50/50 Poz, .6% CF-9, .3% TF-4, .3% AF-11, 3% KCL. Compressive strength of cement - 950 psi in 12 hrs. PD 7:45 AM 3-8-83. Bumped plug to 1000 psi, released pressure and float held okay. WOC 18 hours.



2.941a 75 RVICE ______ Ft. Subsurface Safety Valve: Manu. and Type 18. Thereby certify that the foregoing is true and correct Production πηε Supervisor DATE (ORIG. SGD.) DAVID R. GLASS APPROVMARATY 1983 CONDITIONS OF

> MITIGIALS MANAGEMENT SERVICE **POSWELL NEW MEXICO**

> > See Instructions on Reverse Side