

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 ☒ P&A
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 FEL, Sec.13-4S-24E

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 COMPLETION ☐

CHANGE ZONES ☐

ABANDON* ☒

(other)

SUBSEQUENT REPORT OF:

RECEIVED

MAY 27 1983

O. C. D.

ARTESIA, OFFICE

5. LEASE

NM 24612

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Excalibur XC Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Und. Pecos Slope Abo

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

Unit H, Sec. 13-T4S-R24E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3973.4 GR

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APR 20 1983

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.)*

Propose to plug and abandon well as follows:

Plug #1: Set 35 sx cement at 3625-3525'

Plug #2: Set 35 sx cement at 1646-1546'

Plug #3: Set 35 sx cement at 1014-914'

Plug #4: Set 10 sx surface plug.

Install dry hole marker. Heavy mud will be placed between plugs.

Surface restored according to regulations.

Verbal permission for plugging procedure given by Mr. George Stewart, U.S. Dept. of Interior, Roswell, NM, 4-14-83.

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

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

SIGNED

APPROVED

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

DATE

Production
Supervisor

DATE 4-19-83

MAY 26 1983

For James A. Williams

ACTING DISTRICT MANAGER

*See Instructions on Reverse Side