Form 9–331 Dec. 1973	NM OIL COVE OVERTICAL Drawer DD Budget Bureau No. 42-R1424	
UNITED STATES	Artesia 5: LEASE10	
DEPARTMENT OF THE INTERIOR	<u>NM 37037</u>	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS SUNDRY NOTICES AND REPORTS SUPERING (Do not use this form for proposals to drill or to depen or plug back to	o a different	
reservoir. Use Form 9–331–C for such proposals.) OCT 28 1. oil well gas well	1983 B. FARM OR LEASE NAME Esperanza XP Federal	
well L well LA other O.C. 2. NAME OF OPERATOR ARTESIA, C Yates Petroleum Corporation		
3. ADDRESS OF OPERATOR	Wildcat Abo	
207 Suth 4th St., Artesia, NM 88210	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See below.) 		
AT SURFACE: 1980 FNL & 1980 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Chaves NM	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DE, LATED AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT TEST WATER SHUT-OFF	RT OF: (NOTE: Report results of multiple compension or results of Form 9-330.) (NOTE: Report results of M. M.	
ABANDON* [] [] (other) Change casing program.	VEW MEXICO	

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.)*

Lost circulation after drilling out from under conductor pipe. Reached TD 435'. Attempted to run 13-3/8" surface casing. Could not get below 300'. Propose to cement 13-3/8" casing in place and run 8-5/8" intermediate casing to 750 - 1500' depending on drilling conditions. Verbal approval for changing casing program given by Armanda Lopez, BLM, Roswell, NM 10-25-83.

Subsurface Safety Valve: Manu. and Type				
18. I hereby certify that the foregoing is tru SIGNED Conclusion 67 al lett	e and correct Production TITLE Supervisor	DATE	25-83	
	(This space for Federal or State office u	ise)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	*See Instructions on Reverse Side	DATE	APT BOYL	Ð – 13
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