

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 ☒ P&A **FEB -9 1987**
2. NAME OF OPERATOR
Yates Petroleum Corporation **O. C. D.**
3. ADDRESS OF OPERATOR
207 S. 4th St., Artesia, NM 88210 **ARTESIA, OFFICE**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980 FNL & 1980 FWL, Sec. 26-4S-20E
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) _____ | _____ |

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.)*

Verbal permission given to plug well.

TD 436'. Plugged well as follows. Tagged 140' and cemented with 5 sacks Quickset. Tagged 130' and cemented with 25 sacks Class "C" 4% CaCl₂. Tagged 60' and cemented with 35 sacks Class "C" 4% CaCl₂. PD 7:30 PM 10-31-83.

Location will be cleaned and restored according to BLM requirements.
Surface marker will be installed.

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

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 11-22-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

5. LEASE NM 37037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Esperanza XP Federal

9. WELL NO. 1

10. FIELD OR WILDCAT NAME
Wildcat Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit F, Sec. 26-T4S, R20E

12. COUNTY OR PARISH 13. STATE
Chaves NM

14. API NO.

15. ELEVATIONS (SHOW DE, KDB, AND WD)
4510.5' GR

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

RECEIVED
NOV 23 9 55 AM '83
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

Post ID-2
3-9-84
P+H

APPROVED
PETER W. CHESTER
JAN 30 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA