

C/87

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD

Artesia, NM

5. LEASE

88210
NM-2351

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "HY"

9. WELL NO.

9

10. FIELD OR WILDCAT NAME

Pecos Slope Abo

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

Sec. 28-T7S-R25E

12. COUNTY OR PARISH 13. STATE

Chaves NM

14. API NO.

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

3603.1' GL

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 S. 4th, Artesia, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL and 860' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: same

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:

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

DEC 18 1983

O. C. L.
ARTESIA, OFFICE

BUR. OF LAND MGMT.
ROSELLE DISTRICT

RECEIVED
DEC 7 10 59 AM '83

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.)*

Change surface casing from: 14 3/4" hole; 10 3/4" csg; 40.5# J-55 @1000'

to: 17 1/2" hole; 13 3/8" csg; 48# J-55 @875'

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

Robert L. Miller

TITLE Regulatory Secretary

DATE 12/6/83

APPROVED

(This space for Federal or State office use)

(Orig. S&A) LETTER OF COMMENT

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 9 1983

*See Instructions on Reverse Side