

C/87

UNITED STATES Artesia, NM 88210
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 to pack or to acidize a well or to alter a well's 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 South 4th St., Artesia, NM 88210

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

AT SURFACE: 660 FNL & 660 FEL, Sec. 33-7S-25EAT 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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Intermediate Casing☐☐☐☐☐☐☐☐☒

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.)

Ran 37 joints of 8-5/8" 24# J-55 casing set 1500'. 1-Texas Pattern bit guided shoe set 1500'. Insert float set 1459'. Cemented w/400 sacks Pacesetter Lite, 2% CaCl₂. Tailed in w/300 sacks Class "C" 2% CaCl₂. Compressive strength of cement - 1250 psi in 12 hours. PD 9:30 AM 3-1-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement did not circulate. WOC 6 hours. Ran Temperature Survey and found top of cement at 610'. Ran 1". Tagged cement 540'. Spotted 400 sacks Class "C" 2% CaCl₂, PD 7:25 PM 3-1-84. Cement circulated 10 sacks. WOC. Drilled out 8:30 AM 3-2-84. WOC 23 hours. Nippled up and tested to 1000 psi for 30 minutes, OK. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

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

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

SIGNED Arleta Goodlett TITLE Production SupervisorDATE 3-7-84

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

