

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
Draker DD  
Artesia, NM 88201  
NM-20344  
RECEIVED

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, New Mexico  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL and 660' FWL  
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:	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 checked="" 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 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.)\*

Change surface casing program from: 17 3/4" hole; 13 3/8" csg;  
40.5# @900'  
to: 14 3/4" hole; 10 3/4" csg;  
40.5# @900'

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Debra S. Yellman TITLE Regulatory Secretary DATE 2/29/84

APPROVED PETER W. CHESTER (This space for Federal or State office use)  
APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

MAR 13 1984

\*See Instructions on Reverse Side

5. LEASE  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Cramer "ZD" Federal  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Hudes, Pecos Slope Abo  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12-T6S-R26E  
12. COUNTY OR PARISH  
Chaves  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3811' GL

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