Form 9-331 (May 1963)

U TED STATES SUBMIT IN TRL ATE: DEPARTMENT OF THE INTERIOR (Other Instructions on re-

Form approved, Budget Bureau No. 42-81421.

| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and measurent to this work.)* 12-4-70 Spudded 8:00 P.M. 12-4-70 | |
|--|---|
| NAME OF OPERATOR NAME OF OPERATOR 207 South 4th Street - Artesia, New Mexico LOCALIN OF WELL (Report location clearly and in accordance with any State required See also space 17 below). At surface NE NW 990' FNL & 2310' FWL Section 27-1' PERMIT NO. 15. EMPATIONS (Show whether DF, RT, GR, etc.) 3531' GR Check Appropriate Box To Indicate Nature of No NOTICE OF INTENTION TO: TEST WATER SBUT-OFF PULL OR ALTER CANING MULTIPLE COMPLETE ABANDON' REPAIR WELL (Other) (Other) DESCRIBED PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and nent to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | 7. UNIT AGAILMENT NAME S. PARM ON LEASE NAME Federal "BQ" 9. WELL NO. |
| AME OF OPERATOR Yates Petroleum Corporation ADDRESS OF OPERATOR 207 South 4th Street - Artesia, New Mexico DORG, NO WEML (Report location clearly and in accordance with any State required See also space 17 below.) At surface NE NW 990 FNL & 2310 FWL Section 27-1 PERMIT NO. 15. ELEVATIONS (Show whether DF, NT, GR, etc.) 3531 GR Check Appropriate Box Io Indicate Nature of No NOTICE OF INTENTION TO: TEST WATER SBUT-OFF FRACTURE TREAT MULTIPLE COMPLETE REPAIR WELL GOTHER SHOOT OR ACIDIZE REPAIR WELL GOTHER CHANGE PLANS GOTHER (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and near near to this work.)* | Federal "EQ" 9. WELL NO. |
| Yates Petroleum Corporation ** 207 South 4th Street - Artesia, New Mexico Service Ser | Federal "EQ" |
| ADDRESS OF OPERATOR 207 South 4th Street - Artesia, New Mexico LOCALLOS OF WELL (Report location clearly and in accordance with any State required See also space 17 below.) At surface NE NW 990' FNL & 2310' FWL Section 27-1' PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3531' GR Check Appropriate Box To Indicate Nature of No NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CANING MULTIPLE COMPLETE ABANDON' SHOOTI REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertilent details, and proposed work. If well is directionally drilled, give subsurface locations and items 12-4-70 - Spudded 8:00 P.M. 12-4-70 | 9. WELL NO. |
| DOES. NO WELL (Report location clearly and in accordance with any State requirer See also space 17 below.) At surface NE NW 990' FNL & 2310' FWL Section 27-1. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3531' GR Check Appropriate Box To Indicate Nature of No NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertirent details, and proposed work. If well is directionally drilled, give subsurface locations and meas nent to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | 88210 1 . |
| NE NW 990' FNL & 2310' FWL Section 27-1. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3531' GR Check Appropriate Box To Indicate Nature of No NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CANING MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and measment to this work.)* | |
| Check Appropriate Box To Indicate Nature of No Notice of Intention to: Test water shut-off Pull or alter casing Fracture treat Multiple complete Shoot or acidize Abandon* Shoot (Other) Describe proposed or completed operations (Clearly state all pertiliant details, and proposed work. If well is directionally drilled, give subsurface locations and ment to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | Eagle Creek S.A. |
| Check Appropriate Box To Indicate Nature of No Notice of Intention to: TEST WATER SHUT-OFF PULL OR ALTER CANING HEACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and measure to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | 7S-25E 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA. Sec. 27-17S-25E |
| Check Appropriate Box To Indicate Nature of No Notice of Intention to: TEST WATER SHUT-OFF PULL OR ALTER CANING HEACTURE TREAT MULTIPLE COMPLETE ABANDON' SHOOTI (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and measurement to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | Unit C MMPM 12. COUNTY OR FARINI 12 STACE |
| NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CANING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTI (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertitient details, and proposed work. If well is directionally drilled, give subsurface locations and meas nent to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | Eddy New Me: |
| NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertitent details, and proposed work. If well is directionally drilled, give subsurface locations and meas nent to this work.)* 12-4-70 Spudded 8:00 P.M. 12-4-70 | tice. Report, or Other Data |
| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and meas nent to this work.)* 12-4-70 Spudded 8:00 P.M. 12-4-70 | SUBSEQUENT REPORT OF: |
| SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and meas nent to this work.)* 12-4-70 — Spudded 8:00 P.M. 12-4-70 | SHUT-OFF REPAIRING WELL |
| REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and measurement to this work.) 12-4-70 - Spudded 8:00 P.M. 12-4-70 | RE TREATMENT ALTERING CANING |
| DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed work. If well is directionally drilled, give subsurface locations and meas nent to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | NG OR ACIDIZING ABANGONMENT. |
| DESCRIBE PROPOSED OF COMPLETED OPERATIONS (Clearly state all pertitions details, and proposed work. If well is directionally drilled, give subsurface locations and measurement to this work.)* 12-4-70 - Spudded 8:00 P.M. 12-4-70 | NOTE: Report results of multiple completion on Well completion or Recompletion Report and Log form.) |
| I hereby certify that the forgoing is true and correct | RECEIVED DEC13 1970 |
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| SIGNED Cold of the Cold Tiple Engines | <u>r</u> pari 12-9-70 |
| (This space for Federal or State office use) | |
| APPROVED BY TITLE TOTALE TOTALE CONDITIONS OF APPROVAL, IF ANY: | |
| ED FOR RECORD PURPOSES *See Instructions on Reverse | DATE |
| *See Instructions on Reverse | DATE |