

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 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 South 4th, Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *2310' FNL & 330' FWL*
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 ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

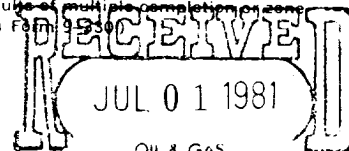
CHANGE ZONES ☐ ☐

ABANDON* ☒ ☐

(other) _____

5. LEASE
NM 28010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Bogle QB
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit 6
Sec. 31-16S-30E
12. COUNTY OR PARISH *Eddy* 13. STATE *NM*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3697.4 GL

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



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give abandonment 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.)*

TD 135' drilling w/cble tool rig. Plan to plug and abandon with Ready Mix cement from a depth of at least 50' to surface. Regulation abandonment marker will be installed, and surface restoration will be in accordance with USGS - BLM requirements.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED *[Signature]* TITLE *Engineer*

DATE *6-30-81*

APPROVED

(This space for Federal or State office use)

APPROVED BY (Or g. Sgd.) *ROGER A. CHAPMAN* TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 2 1981

for **JAMES A. GILLHAM**
DISTRICT SUPERVISOR

*See Instructions on Reverse Side