

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 ☒ gas ☐
well 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.) 2310 FNL & 990 FWL, Sec. 28-17S-25E
AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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) Perforate & Treat

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

☐

5. LEASE

NM 12832

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal CD

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Eagle Creek SA

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

Unit X, Sec. 28-T17S-R25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3578' GR

RECEIVED BY

DEC 13 1983

O. C. D.

ARTESIA, OFFICE

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

RECEIVED
DEC 9 9 29 AM '83
BUREAU OF LAND MANAGEMENT
ROSWEIL DISTRICT

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.)*

TD 1470'. WIH and perforated 1211-1363' w/12 .42" holes as follows: 1211, 55, 65, 76, 82, 88, 93, 1306, 11, 38, 51 and 63'. WIH and perforated 1192-1366' w/18 .42" holes as follows: 1192, 1215, 42, 58, 71, 79, 85, 90½, 96, 99, 1309, 14, 17, 41, 48, 55, 60 and 66'. Sand frac perforations (via casing) w/60000 gallons gelled KCL water, 120000# (110000# 20/40 and 10000# 100 Mesh) sand, 3500 gallons 15% NEFE acid. Set pumping equipment. Pumping back load.

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

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

SIGNED David R. Glass TITLE Production Supervisor

DATE 12-8-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

DEC 12 1983

ROSWEIL, NEW MEXICO

*See Instructions on Reverse Side