

c/87

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

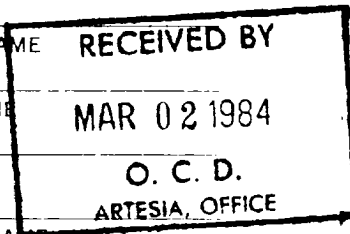
SUNDRY NOTICES AND REPORTS ON WELLS

(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.) 1718 FNL & 2259 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:                      | SUBSEQUENT REPORT OF:               |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>       | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input 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) Production Casing, Perforate, Treat

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.  
5
10. FIELD OR WILDCAT NAME  
Eagle Creek SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit F, Sec. 28-T17S-R25E
12. COUNTY OR PARISH  
Eddy
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3566' GR



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

RECEIVED  
JAN 30 11 31 AM '84  
BUREAU OF REVENUE  
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 1477'. Ran 37 jts of 4-1/2" 9.5# J-55 casing set 1470'. Float shoe set 1470'. Cemented w/225 sacks 1:2 Talc, 1% CaCl<sub>2</sub>, .3% CF-1, 1/4#/sack celloseal. Compressive strength of cement - 950 psi in 12 hrs. PD 2:00 AM 1-11-84. Bumped plug to 1000 psi for 30 minutes, released pressure, float and casing held okay. Cement circulated 15 sacks. WOC 18 hrs. WIH and perforated 1157-1271' w/11 .50" holes as follows: 1157, 76, 1238, 90, 1305, 15, 31, 38, 50, 63 and 71'. WIH and perforated 1242-1384' w/13 .50" holes as follows: 1242, 64, 78, 94, 1301, 21, 26, 46, 53, 57, 67, 76 and 84'. Frac'd (via casing) w/60000 gallons gelled KCL water, 120000# (110000# 20/40 and 10000# 100 Mesh) sand, 4500 gallons 15% NEFE acid.

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

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 1-27-84

ACCEPTED FOR RECORD (This space for Federal or State office use)  
APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: FEB 28 1984