

Form 9-331
(May 1963)

UNITED STATES ^{Artesia, NM 88210} DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-059954

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W. Loco Hills G4S Ut Tr 12

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Loco Hills O. G. SA

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

Sec. 9-T18s-R29e

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 S. 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.
See also space 17 below.)
At surface

990' FSL & 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Change of operator ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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 of operator from: Newmont Oil Company
PO Box 1305
Artesia, NM 88210

to: Yates Petroleum Corporation
207 S. 4th St.
Artesia, NM 88210

ACCEPTED FOR RECORD

APR 2 1986

RECEIVED

MAR 0 1 12 PM '84

BUDGET BUREAU
FEDERAL DISTRICT

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

SIGNED

Jenni B. Gleghorn

TITLE

Production Clerk

DATE

3/1/84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE