

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210

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 ☐ other ☐ P&A
2. NAME OF OPERATOR
Yates Drilling Co. ✓
3. ADDRESS OF OPERATOR
207 S. 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980 FNL & 1650 FWH
AT SURFACE: 660/E
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 type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input 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) Replug Well. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

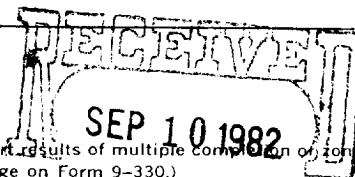
5. LEASE
~~DC 058126~~ NM 23417
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
South Loco Hills Unit
8. FARM OR LEASE NAME
South Loco Hills Unit
(Hoyen) Travis
9. WELL NO.
10. FIELD OR WILDCAT NAME
Loco Hills Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit H, Sec. 19-T18S-R29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

SEP 13 1982

O. C. D.

ARTESIA, OFFICE



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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSOWELL, NEW MEXICO

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.)*

NMOCD Order No. R-7012 requires well to be replugged before commencement of injection of water in Phase I injection wells for South Loco Hills (Grayburg) Unit. TD 3198'. 5-1/2" casing 2520' w/175 sx, perforations 2355-2365'; 5-1/2" casing stub at 1500'. Well plugged as follows: 16 sx plug at 2300-2400', 33 sx plug at 1350-1450', 33 sx plug at 760-860', 35 sx plug at 350-450', 25 sx plug at surface. Propose to drill out plugs to get back in 5-1/2" casing stub at 1500'. Set 100 sx plug (50' in and 50' out) at casing stub, 20 sx plug at base of Salt, 25 sx plug set at top of Salt, 10 sx plug at surface.

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

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

SIGNED James A. Gillham TITLE Engineering Secty DATE 9-7-82

APPROVED PETER W. CHESTER (Orig. Sgd.) TITLE _____ DATE _____
This space for Federal or State office use

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side