

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 ☐ gas ☐ other ☐ P&A
2. NAME OF OPERATOR
Yates Drilling Company
3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1980 FNL & 660 FEL*
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) <i>Replug well.</i> | <i>NMOCD Order No. R-7012</i> |

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.)*

Replugged well as follows: Cleaned out to 1522' w/7-7/8" bit. Tagged old 5 1/2" casing at 1522'. Ran 4-3/4" bit and cleaned out to 2282'. Set 150 sx Class "C" cement plug at 2282'. Tagged plug at 1400'. Set 75 sx Class "C" with 3% CaCl cement plug at 840'. Tagged plug at 750'. Set 75 sx Class "C" with 3% CaCl cement plug at 450'. Tagged plug at 375'. Set 15 sx plug at surface. Install dry hole marker.

Work completed 10-27-82.

Witnessed by Mike Williams, OCD, Artesia.

5. LEASE *NM 23417*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
(HEYCO) Travis South Loco Hills Unit
9. WELL NO. *828*
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)

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

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 *10-29-82*

APPROVED BY *James A. Gillham* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 15 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side