

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 ☐ 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.)  
AT SURFACE: 1650 FSL & 715 FWL  
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.		

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.)\*

NMOCDC 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.

5-1/2" casing at 2350' w/100 sxs. Perforations at 2304-46'. 15 sx plug over perfs 100' plug 700-800', 100' plug 274-375', 5-1/2" casing stub at 1619'. Propose to re-enter, drill out existing plugs down to 2304'. Plug Grayburg-Dolomite w/50 sxs, 100 sxs in and out of 5-1/2" stub, 25 sxs at base of Salt, 25 sxs at top of Salt, 10 sx surface plug.

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

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

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

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE

NM 026492

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME  
(Sims & Reese) Pure Federal

SEP 9 1982

9. WELL NO. 1

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Loco Hills Q-G-SA

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

Unit L, 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.)