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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.)

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Replug Well. ☐

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RECEIVED

SEP 13 1982

O. C. D.

ARTESIA, OFFICE

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Report results of multiple completion or zone change on Form 9-330.

OIL & GAS
GEOLOGICAL SURVEY
LOS ALAMOS, 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.

5-1/2" casing at 2350' w/100 sxs. Perforations at 2304-46'. 15 sx plug over perms 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 Peter W. Chester TITLE Engineering Secty DATE 9-7-82

APPROVED

(This space for Federal or State office use)

APPROVED BY Sgt. PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1982

FOR

JAMES A. CILHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side