

4/5F

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  
well well
2. NAME OF OPERATOR  
Yates Drilling Co. *✓ Agent for Denton Oil 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: 660 FSL & 1980 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:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Replug Well.

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
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☐

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O. C. D.  
ARTESIA, OFFICE

5. LEASE  
LC 067132
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
(Denton) Hover
9. WELL NO. 1
10. FIELD OR WILDCAT NAME  
Loco Hills Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit 0, Sec. 20-T18S-R29E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3458 DF

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

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OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, 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 2823'. Cement plug at 675-750', plug at 330-405'. Propose to drill out existing plugs. Set 50 sx plug over Loco Hills and Grayburg, 25 sacks at base of Salt, 25 sacks at top of Salt, 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 (Print Name) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1982

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side