

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. *Agent for Roland Rich Wooley*  
3. ADDRESS OF OPERATOR  
207 S. 4th St., Artesia, NM 88210  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2970 FSL & 2970 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:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE

LC 063451 *expired*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Briscoe (Roland Rich Wooley)

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 F, Sec. 30-T18S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

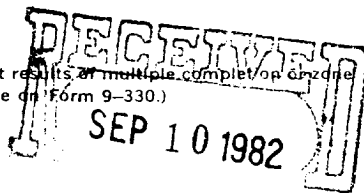
15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

SEP 13 1982

O. C. D.

ARTESIA, OFFICE



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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 3095'. 15 sx plug on bottom, 10 sx plug at base of Salt, 10 sxs at base of 8-5/8" at 395'. 8-5/8" casing shot at 220'. Propose to drill out existing plugs. Set 50 sx plug across Loco Hills and Grayburg, 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. GILHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side