|   |   | N.M.O.C.D. COPY                         |   |  |                       | CISF   |                 |
|---|---|---|---|--|-----------------------|--|-----------------|
| Form 9-331<br>(May 1963)                      | DEPAR   | ل ITED ST.<br>TMENT OF TI<br>GEOLOGICAL | THE INTERIOR (Other instructions on re- |  |                       | Form approved.<br>Budget Bureau No. 42-R1424.<br>5. LEASE DESIGNATION AND SERIAL NO.<br>NM-02056 |                 |
|   |   | OTICES AND                              |   | DN WELLS   | ED                    | 6. IF INDIAN, ALLOTTE  | E OR TRIBB NAME |
| 1.<br>OIL GA<br>WELL X WE                     | 7. UNIT AGREEMENT NAME<br>8. FARM OR LEASE NAME |   |   |  |                       |  |                 |
| Yates P<br>3. ADDRESS OF OPER                 | 3 <b>E</b>                                      | Federal AR<br>9. WELL NO.               |   |  |                       |  |                 |
|   | L (Report locatio                               | Artesia, NM<br>on clearly and in accou  | 88210<br>dance with any                 | State requirements.*   |                       | 10. FIELD AND POOL, C<br>Turkey Track  | 1               |
| 330 FNL & 1650 FWL - Sec. 33-185-29E - Unit C |   |   |   |  |                       | 11. SEC. T. R., M., OR BLK. AND<br>SURVEY OR AREA<br>Unit C<br>Sec. 33-185-29E                   |                 |
| 14. PERMIT NO.                                |   |   | Show whether DF                         | , RT, GR, etc.)  |                       | 12. COUNTY OF PARISI   |                 |
|   |   | 3417                                    |   |  |                       | Eddy   | NM              |
| 16.   | Check<br>NOTICE OF IN                           |   | lo Indicate N                           | lature of Notice, Repo   | -                     | 21 - E   |                 |
| TEST WATER SH                                 | <b></b>   | PULL OR ALTER CAS                       |   |  | X                     | INT REPORT OF :  |                 |
| FRACTURE TREAT                                |   | MULTIPLE COMPLET                        |   | WATER SHUT-OFF<br>FRACTURE TREATME   |                       | ALTERING   | []              |
| SHOOT OR ACIDI                                | 10 <b></b>                                      | ABANDON*                                |   | SHOOTING OR ACIDIZ   |                       | ABANDONME  | NT*             |
| REPAIR WELL<br>(Other)                        |   | CHANGE PLANS                            |   | (Other)<br>(Note: Report   | t results o           | of multiple completion<br>tion Report and Log fo   | on Well         |
| nent to this wo                               | rk)∙<br>≥r flow hi                              | t this well c                           | oming up 1                              | t details, and give pertine<br>ions and measured and tru<br>petween 8-5/8 and<br>November 16, 19 | ıd 5 <sup>1</sup> 2 c | :sg.   |                 |
| wasi<br>4 ya                                  | ned out and<br>ards ready                       | d was falling<br>mix behind 8           | behind 8-<br>-5/8 casir                 | -5/8 casing. We<br>ng to stop water  | dumpe<br>from         | d  |                 |
|   |   |   |   | ater now going t<br>LOO barrels per  |                       |  | 1979.           |
|   |   |   |   | R  | EC                    | EIVED  |                 |
| DEC   |   |   |   |  |                       | 0 1979   |                 |
|   |   |   |   | U.S<br>Ar  | . Geului<br>RTESIA, N | AICAL SURVEY<br>New Mexico   | · · · .         |
|   |   |   |   |  |                       |  | · .             |
| 18. I hereby certify                          | that the foregoin                               | g is true and correct                   |   | ······   | ·····                 |  |                 |
| SIGNED  | Ederal or State                                 | office use)                             | TITLE Dr                                | illing Supervis  | or                    | <u>DATE</u> 12/6/  | 79              |
| APPROVED BY<br>CONDITIONS O                   | · · · · · · · · · · · · · · · · · · ·           | · · · · · · · · · · · · · · · · · · ·   | TITLE                                   |  |                       | DATE   | 1070            |
|   |   |   |   |  |                       |  |                 |

\*See Instructions on Reverse Side