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JUL 16 1985

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Drawer DD  
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  
ARTESIAN OFFICE Form 9-331-C for such proposals.)

1. oil ☒ gas ☐  
well well other

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

207 South 4th Street, Artesia, N.M. 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 660' 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)

SUBSEQUENT REPORT OF:

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5. LEASE

NM-23417

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Loco Hills Waterflood

8. FARM OR LEASE NAME

South Loco Hills Unit

9. WELL NO.

#19

10. FIELD OR WILDCAT NAME

Loco Hills-Q-G-SA

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

Section 19-18S-29E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3534' GR

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

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.)\*

Fractured Grayburg through existing perfs (2338'- 2386') with 1000 gals.  
15% HCL acid, 48,400 gals. WF-30, 70,000# (44000# 20/40 and 26000# 12/20)  
sand.

Returned well to production.

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED

*Kevin J. Luskman*

TITLE Production Clerk DATE

7-11-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See*  
JUL 12 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO