

CSF

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 well gas well other Injection well.

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: Unit B, 660' FNL & 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Temporarily Abandon	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE
LC-067348

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
RECEIVED BY

8. FARM OR LEASE NAME
DY Federal
MAR - 6 1985
O. C. D.
ARTESIA, OFFICE

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Turkey Track - SP - Q - G - SF

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 28-18S-29E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3461' 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.)*

There was a water flow on the back side, we squeezed the well and left well shut-in. Well is temporarily abandoned.

TA
APPROVED FOR 12 MONTH PERIOD
ENDING 3/1/86

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Production Clerk DATE 9/6/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 3-5-85
CONDITIONS OF APPROVAL, IF ANY: ag

Subject to
Like Approval
by State