UNITEL STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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)

| Form 9-331 Dec. 1973 UNITE. STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | | Form Approved. Budget Bureau No. 42-R1424 | | |
|---|--|--|--|---|
| | | 5. LEAS LC-067348 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| | | | | SUNDRY NOTICES AND REPORTION OF THE PORTION OF THE |
| 1. oil gas well other | NOV 13 1985 | 8. ARM OR LEASE NAME Lederal DY 9. VELL NO. | | |
| 2. NAME OF OPERATOR Yates Drilling Company | O. C. D. ARTESIA, ÖFFICE | 10. IELD OR WILDCAT NAME | | |
| 207 South 4th Street, Artesia, N.M. 88210 | | Turkey Tract-Q-G SR-D-G-SR- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL & 1980' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | | Section 28-185-29E 12. COUNTY OR PARISH 13. STATE Eddy N.M. 14. API NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE REPORT, OR OTHER DATA | 3452' GR 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | | |
| REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SUBSECTION SUBSECTION SUBSECTION SUBSECTION SUBSECTION SUBSECTION SUBSECTION SUBSECTION FRACTURE TREAT | QUENT REPORT OF: | | | |

(NOTF: 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.)*

X

11-13-85 Tag cement inside $4\frac{1}{2}$ " csg. @ 544'. Pumped 42 sxs.-filled to top. Pulled tubing - filled csg. to top - tubing void. Cement around bradenhead. Installed Dry Hole Marker.

| Subsurface Safety Valve: Manu. and Type | | | Set @ |
|---|---------------------------------------|------|----------|
| 18. I hereby certify that the foregoing is true and | correct | | |
| SIGNED Javen & Lewshman 1 | Production Clerk | DATE | 11-14-85 |
| (This: | space for Federal or State office use |) | |
| APPROVED BY | TITLE . | DATE | |

Post IP-2