

50-015-42526

c/sf

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NEW OIL CASE
Drawer DD
Artesia NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well or to plug back to a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED BY

JUN 23 1986

O. C. D.
ARTESIA, OFFICE

1. oil well ☒ gas 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' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

5. LEASE
LC-067348
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal DY
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Turkey Tract-Q-G-S A-SR
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.
3452' GR
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

11-13-85 Tag cement inside 4½" 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 @ _____ Ft.

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

SIGNED Karen J. Leuchman TITLE Production Clerk DATE 11-14-85

(This space for Federal or State office use)

APPROVED BY Scott Adams TITLE AREA MANAGER DATE 6-19-86
CONDITIONS OF APPROVAL, IF ANY: CARLEAD RESOURCE 425