

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

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 ☐ P&A
2. NAME OF OPERATOR
Yates Drilling Co.
3. ADDRESS OF OPERATOR
207 S. 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660 FNL & 1913 FWL
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) Replug Well | <input type="checkbox"/> | | <input type="checkbox"/> |

5. LEASE
NM 0924
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SEP 9 1982
7. UNIT AGREEMENT NAME
O. C. D.
ARTESIA, OFFICE
8. FARM OR LEASE NAME
(Trigg) Federal Sivley-Alscott
9. WELL NO.
5-30
10. FIELD OR WILDCAT NAME
Loco Hills-Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit L, Sec. 30-T18S-R29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
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.)*

NMOCD Order No. R-7012 requires well to be replugged before commencement of injection of water in Phase I injection wells for South Loco Hills (Grayburg) Unit. Original TD 9601'. Well P&A'd as follows: 30 sx plug @9390-9490', 30 sx plug @8470-8570', 30 sx plug @7100-7200', 30 sx plug @4800-4900', 50 sx plug @4400-4600', 30 sx plug @3718-3626', 60 sx plug @743-843', 60 sx plug @337-437', 20 sx plug in top, 8-5/8" casing stub @1922'. Propose to drill out plug @743-843', 337-437', get back in 8-5/8" casing at 1922'. Set 100 sx plug (50' in 50' out) at casing stub, 20 sx at base of Salt, 25 sx at top of Salt, 10 sx at surface.

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

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

SIGNED Amelia Goodlin TITLE Engineering Secty DATE 9-7-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: