

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 ☐ 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.)
660 FNL & 1980 FEL
AT SURFACE:
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			

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. TD 9262'. 35 sx plug at 8581-8681', 35 sx plug at 6524-6624', 35 sx plug at 4981-5081', 35 sx plug at 2803-2903', 35 sx plug at 1956-2056', 35 sx plug at 919-1019', 10 sx plug at surface. 8-5/8" at 955' w/500 sx. Re-enter, drill out existing plugs above Grayburg and Loco Hills. Set 50 sx plug over Loco Hills and Grayburg 100 sx plug (50' in & 50' out) at 8-5/8" casing shoe, 10 sx at surface.

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

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

SIGNED [Signature] TITLE Engineering Secty DATE 9-7-82

(This space for Federal or State office use)

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

5. LEASE NM 0925	RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	SEP 9 1982
8. FARM OR LEASE NAME (Trigg) Federal Sivley- Artesia O. C. D. OFFICE	
9. WELL NO. 2-29	
10. FIELD OR WILDCAT NAME Loco Hills-Q-G-SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 29-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.)