

C/SF

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 ☐
2. NAME OF OPERATOR
Martin Yates III ✓
3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660 FSL & 660 FEL, Sec. 22-18S-29E
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 checked="" 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) | | | |

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 trajectory and measured and true vertical depths for all markers and zones pertinent to this work.)*

9-22-29-83. Pumping back load with show of oil and gas.
10-3-83. TD 3530'. Pulled rods, pump and tubing. Sand frac (Queen) perforations 2086-2105' w/57000# (15500# 20/40 and 41500# 10/20) sand and 30680 gallons gelled 1% KCL water. Pulled RBP from well and put well to pumping back load.

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

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

SIGNED [Signature] TITLE Production Supervisor DATE 10-13-83

(This space for Federal or State office use)

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

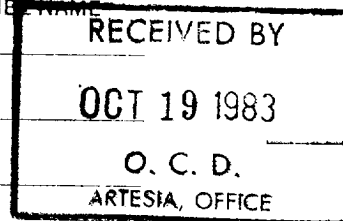
ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 18 1983

ROSWELL, NEW MEXICO

5. LEASE LC 055696	
6. IF INDIAN, ALLOTTEE OR TRIBAL NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Boulter Federal	
9. WELL NO. 5	
10. FIELD OR WILDCAT NAME Loco Hills Queen-Grayburg - SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit P, Sec. 22-T18S-R29E	
12. COUNTY OR PARISH Eddy	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3479.5' GR	



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

