

4/51

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210

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 DEC 0 1982
- 2. NAME OF OPERATOR
Yates Petroleum Corporation
- 3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, New Mexico
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL and 198)' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

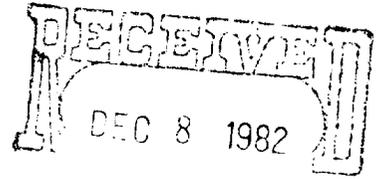
- | | | | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <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 checked="" 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) | | | |

- 5. LEASE
NM-A34905
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
- 8. FARM OR LEASE NAME
Eastern Shore "TL" Federal
- 9. WELL NO.
1
- 10. FIELD OR WILDCAT NAME
Wildcat
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8-T19S=R27E
- 12. COUNTY OR PARISH
Eddy
- 13. STATE
NM
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)
3275' GL

(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.)*

Change intermediate casing from: 8 5/8" 24#
to: 9 5/8" 32#



Subsurface Safety Valve: Manu. and Type

OIL & GAS
U.S. GEOLOGICAL SURVEY
POSWELL, NEW MEXICO

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

SIGNED James A. Gilham TITLE Regulatory Secretary DATE 12/2/82

APPROVED
DEC 8 1982
JAMES A. GILHAM
DISTRICT SUPERVISOR

(Dist. Sgd.) GEORGE H. VIE (Name for Federal or State office use)

APPROVED BY DEC 8 1982 TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side