

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
Yates Petroleum Corporation
3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660 FSL & 2310 FEL, Sec. 5-19S-27E
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM 30629
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Eastern Shore XM Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Undes. Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit O, Sec. 5-T19S-R27E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3275' GR

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

RECEIVED
NOV 30 9 13 AM '83
BUREAU OF LAND MANAGEMENT
ROS WELL DISTRICT

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, 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.)*

Lost circulation 8030-8110'. Cemented w/1100 sacks cement. Drilled out and had full returns.

Lost circulation at 9340-84'. Cemented w/700 sacks cement and drilled out and had full returns.

TD 10016'. Ran logs. Not commercial in open hole. Received verbal permission from Peter Chester, BLM, Roswell, to plug back to 7" casing as follows:
Set 50 sack plug at 9643-9493'
Set 50 sack plug at 7995-7845'

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

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

SIGNED David R. Glass TITLE Production Supervisor DATE 11-28-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL DEC 27 1983