

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
Yates Drilling Company
3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, N.M. 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650 FSL and 1650 FEL 11-20S-26E
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) Put well back on production | |

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.)*

1-2-84 Rigged up and pulled pump, rods, packer, and 17 joints 2 3/8" tubing out of hole. Ran 17 joints of 2 3/8" tubing back in hole, ran mud anchor, subs, rods, and set seating nipple at 518'. Put well back on production.

5. LEASE
NM-04219

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Anderson

9. WELL NO.
#6

10. FIELD OR WILDCAT NAME
McMillan West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J
Sec. 11-20S-26E

12. COUNTY OR PARISH 13. STATE

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED BY
MAY 11 1984
O. C. D.
ARTESIA, OFFICE

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

RECEIVED
JAN 31 10 20 AM '84
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

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

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

SIGNED [Signature] TITLE Prod. Supervisor DATE 1-18-83

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

MAY 9 1984

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side