| | ED STATES | · · · · · · · · · · · · · · · · · · · | d. No. 42-R1424 |
|--|---|---|---------------------------------------|
| | OF THE INTERIOR | 5. LEASE NM 04219 | |
| | ICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TR | BENAME |
| SUNDRY NOTICES A | ND REPORTS ON WEL | 4 | |
| reservoir. Use Form 9-331-C for such p | proposals.) | 8. FARM OR LEASE NAME | Ĺ, |
| 1. oil gas di ot | INJECTION WELL | ANDERSON FEDERAL | |
| 2. NAME OF OPERATOR | ther RECEIVED BY | 9. WELL NO. | |
| Yates Drilling Com | JUL 28 1986 | | _ j . |
| 3. ADDRESS OF OPERATOR | | M. NCMILLAIL DEVEN RIVE | |
| 207 S. 4th; Artesi 4. LOCATION OF WELL (REPOR below.) | TT LOCATION CLEARINAS OF FILE | | |
| AT SURFACE: 990 FSL & | 2310 FEL | Unit 0, Sec. 11-T20 12. COUNTY OR PARISH 13. S | |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | | Eddy NM | · · · · · · · · · · · · · · · · · · · |
| 16. CHECK APPROPRIATE BOX | TO INDICATE NATURE OF NO | 14. API NO. | |
| REPORT, OR OTHER DATA | | 15. ELEVATIONS (SHOW DF, KI 3271' | DB, AND WD) |
| FRACTURE TREAT | | (NOTE: Report results of multiple co change on Form 9–330.) | mpletion or zone L |
| including estimated date of measured and true vertical d Well has been plug Location has been Depth plugged at 5 | starting any proposed work. If w depths for all markers and zones gged as approved by Mi leveled and restored. | nrly state all pertinent details, and give pivel is directionally drilled, give subsurface pertinent to this work.)* nerals Management Services, Completed February 15, 198 lug was the entire 567'. | Sept. 7, 1982. |
| | | FEE 2 9 1983 | 77 • • |
| | | | |
| | | Elision de la compañía Profesio, a las contras | |
| Subsurface Safety Valve: Manu. a | and Type | [| Ft. |
| Subsurface Safety Valve: Manu. a 18. Thereby certify that the foreg | | | Ft. |
| | going is true and correct | | Ft. |
| | going is true and correct | on Secr. DATE 2-25-83 | Ft. |
| | going is true and correct | On Secr. DATE 2-25-83 State office use) | Ft. |