Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

GEOLOGICAL SURVEY

Artesia, III

DEPARTMENT OF THE INTERIOR

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) $\,$

gas 1. oil well X other well

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P. O. Box 1933, Roswell, New Mexico 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1980' FNL & 1980' FWL

AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

PULL OR ALTER CASING

MULTIPLE COMPLETE

FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL

CHANGE ZONES

ABANDON*

SIGNED . .

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

SUBSEQUENT REPORT OF:

1.__

RECEIVED

JUL 01 1983

O. C. D. ARTEGIA, OFFICE

5 LEASE NM-03677 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Yates A Federal

9. WELL NO.

16. FIELD OR WILDCAT NAME East Burton Flats - Delawa 👄

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 21, T-20S, R-29E

12. COUNTY OR PARISH 13. STATE ⊢ NM Eddy

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3271' GL

NOTE: Report results of multiple completion or

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change on Form 9-3300)

(other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state a'l 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.)*

Prepare to squeeze perfs form 5456'-5602' (8 holes) 1 spf w/75 sx class "H". 6/1/83

Squeeze off perf @ 5286', squeeze w/50 sxs class "H". 6/2/83

Perf 4 1/2" csg @ 5456-5602' (8 holes). 6/7/83

Acidize w/1000 gal 15% MSR 100 & 16 BS. Flush w/2 kcl 6/8/83

Frac Delaware perfs w/15000 gal 75% quality foam w/50/50 methanol & 3% kcl 6/9/83 w/9400# of 20/40 sd 5600# of 10/20 sd.

Subsurface Safety Valve: Manu. and Type 18. I hereby pertily that the foregoing is frue and correct

TITLE Reservoir EngineerDATE

June 23, 1983

(This space for Federal or State office 115e)

PETER W. CHESTER

TIF

DATE

APPHOVED BY CONDITIONS OF APPROVAUNF 29 1983

Set @ ____ Ft.

*See Instructions on Reverse Side