

45P

NM OIL COM. REGULATION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

Form 9-331
Dec. 1973

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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
Harvey E. Yates Company ✓

3. ADDRESS OF OPERATOR
P. O. Box 1933, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL & 1980' 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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Plug back to Bone Springs

SUBSEQUENT REPORT OF:

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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.

1

10. FIELD OR WILDCAT NAME

East Burton Flats *Delaware*

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

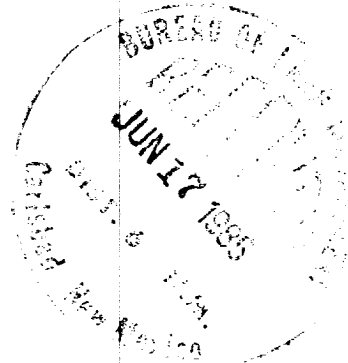
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

See attached procedure

~~If plug back is unsuccessful will plug & abandon.~~

Change zones



Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED *Kry J. Rohes* TITLE *Reservoir Engineer* DATE *June 14, 1985*

(This space for Federal or State office use)

APPROVED BY *Orig. Sec. of BLM* TITLE _____ DATE *7-2-85*
CONDITIONS OF APPROVAL, IF ANY: _____