Form 9-331UNITED STATESSLEMIT INPLICATE4(May 1963)DEPARTINT OF THE INTERIOR(Other instr. is on re verse side)2.100 re	
GEOLOGICAL SURVEY	NM-0375257
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 "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS WELL X OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	S. FARM OR LEASE NAME
Yates Drilling Company	Avalon Federal
3. ADDRESS OF OPERATOR	9. WELL NO.
207 S. 4th St., Artesia, NM 88210	2
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 	10. FIELD AND POOL, OR WILDCAT
	Burton Flat-Morrow
1980' FSL & 1980' FEL of Sec. 18-215-27E	11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA
1900 184 & 1900 FEE OF Sec. 16-215-27E	Sec. 18-21S-27E
14. PERMIT NO. 15. SLEVATIONS (Show whether DF, RT, GR, etc.)	Unit J 12. COUNTY OB PARISH 13. STATE
3200 GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C	
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SUBSEQ	UENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING CHANGE PLANS (Other)	ABANDONMENT*
	of multiple completion on Well letion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, proposed work. If well is directionally drilled, give subsurface locations and measured and true vertice nent to this work.)*	including estimated date of starting any al depths for all markers and zones perti-
We propose to set standing value in top of existing packe Use back-off tool above packer. Leave packer & standing place. Pull tubing. Run Vann Tool's tubing conveyed perf gun to perforate zone from 11190 to 11196' - 4 shots/ft. Estimate bottom of packer setting at 11150'. Put well back on production.	valve in
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IS. I hereby certify that the foregoing is true and correct SIGNED	DATE <u>12/12/79</u>

(This space for Federal or State office use)

APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

TITLE _____ DATE _____