

C/SY

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  
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 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:                         | 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>                | <input type="checkbox"/> |
- (other)

5. LEASE  
NM-]9672

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **RECEIVED**  
Pennzoil Federal

9. WELL NO. **1** **APR 26 1983**

10. FIELD OR WILDCAT NAME **O. C. D.**  
Scanlon Morrow **ARTESIA, OFFICE**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 32, T-20S, R-29E

12. COUNTY OR PARISH **Eddy** 13. STATE **NM**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3334.4' 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.)\*

Please see procedure attached.

**RECEIVED**

**APR 15 1983**

**OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ray T. [Signature] TITLE Engineer DATE April 13, 1983

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APR 25 1983**