N.M.O.C.D. COPY

Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TRIPLICATE® Form 9-331 (May 1963) UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM-172006. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug base to the "APPLICATION FOR PERMIT—" for such proposals to the "APPLICATION FOR PERMIT—" for such proposals to the proposals t 7. UNIT AGREEMENT NAME X MAY 2 3 1979 WELL WELL 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Southeast Indian Basin Harvey E. Yates Company O. C. C. 9. WELL NO. ADDRESS OF OPERATOR ARTESIA, OFFICE 88201 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

660 FMI 5 660 FEI P. O. Box 1933, Roswell, N. M. 10. FIELD AND POOL, OR WILDCAT Indian Basin 🏏 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-22S, R-23E

12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14 PERMIT NO. N. M. Eddy 4141.5' GL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDON MENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE (Other) Run Intermediate casing, etc. CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 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.) • (Other) Ran 57 joints (2294.70') 8 5/8", 24#, J-55, 8R, ST&C casing and set at 4-28-79 2288' KB. Cemented with 200 Sx Thixset, 1/4# Flocele, 10# Gilsonite w/2% CaCl; 950 Sx HLW w/1/4# Flocele, 10# Gilsonite w/2% CaCl and 200 Sx

C1 C w/2% CaC1. Plug Down 10:15 PM 4-28-79. Cement did not circulate.

WOÇ 6 hours. Ran temperature survey. TOC at 720'. Cemented thru 1" 4-29-79 Kobe tubing to surface w/400 Sx cement in 8 stages. Job complete 8:00 AM.

WOC 24 hours. Pressure tested 8 5/8" casing and BOP to 1500 psi for 30 4-31-79 Held OK. minutes.

RECEIVED

| | MAY 2 2 1979 U.S. Geological Survey Artesia, New Mexico | | |
|---|---|--------|-------------|
| 18. I hereby certify that the foreging is true and correct SIGNED | TITLE Engineer | DATE _ | 5-18-79 |
| (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | ACTING DISTRICT ENGINEER | DATE _ | MAY 22 1979 |
| • | | | |