

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 ☐ ABANDONED TO
well well MOVE LOCATION
2. NAME OF OPERATOR
Harvey E. Yates Company /
3. ADDRESS OF OPERATOR
P. O. Box 1933, Roswell, N.M.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 430' FWL
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

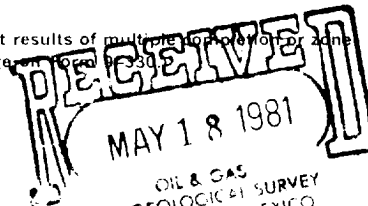
- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) <input type="checkbox"/> | <input type="checkbox"/> |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

12/27/80 Filled 30' hole with ready mix at 10:A.M.

5. LEASE
LC-063567
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
McMillan Scarp
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
McMillan Seven Rivers Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T-20S, R-27E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple top operation or zone change on Form 9-331)



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Paul J. Harper* TITLE Engineer DATE May 13, 1981

APPROVED

(This space for Federal or State office use)

APPROVED BY *Roger A. Chapman* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1981

for JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side