

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 or to abandon a reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☐ Dry Hole ☒ O. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660 FNL & 660 ~~FEL~~, Sec. 11-20S-29E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NM 15882

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Burton Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat - *Seven Pines*

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

Unit D, Sec. 11-T20S-R29E

12. COUNTY OR PARISH

Eddy

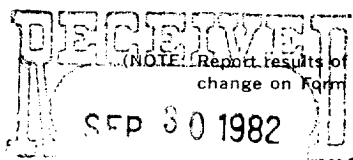
13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3308' GR



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

OIL & GAS

U.S. GEOLOGICAL SURVEY

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.)*

Plugged and abandoned well as follows:

Plug #1: 1650-1550' w/35 sacks Class "C" cement. PD 10:30 AM 9-23-82.
Plug #2: 1332-1232' w/65 sacks Class "C" cement. PD 1:30 PM 9-23-82.
Tagged plug at 1011'.
Plug #3: 530-430' w/40 sacks Class "C" cement. PD 4:30 PM 9-23-82.
Tagged plug at 480'.
Plug #4: 50'-surface w/10 sacks Class "C" cement. PD 9:00 AM 9-24-82.

Dry hole marker will be installed. Surface will be restored in accordance with MMS-BLM requirements.

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

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

SIGNED *Juanita Goodlett* TITLE Engineering Secty DATE 9-28-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 7-14-86

CONDITIONS OF APPROVAL, IF ANY

Post FD 2
4-1-83
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