

NM OIL CONS. COMMISSION
Drawer DD
Artesia UNITEL 119
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

C/O '77

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
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL and 1980' FEL
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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☒
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) change well designation

5. LEASE
NM-01165

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Williamson "BC" Federal

9. WELL NO.

5

10. FIELD OR WILDCAT NAME
East Burton Flats/Morrow

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

Sec. 17-T20S-R29E

12. COUNTY OR PARISH 13. STATE

Eddy NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3291' GL

RECEIVED BY

APR 30 1984

O. C. D.

ARTESIA, OFFICE

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

RECEIVED

FEB 3 10 08 AM '84

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.)*

Surface casing will be set to top of salt, per BLM.

Change well designation from oil to gas well.

APPROVED

APR 27 1984
R. B. Putschke
ACTING DISTRICT ENGINEER

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Regulatory Secretary TITLE Regulatory Secretary DATE 2/2/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: