Form 9-331 (May 1963)	DEPARTN	JNITED STATE IEN DE THE	OCC CO	OPMOBMIT IN TRIPLICAT (Other Instructions R verse side)	5. LEASE	Budget By DESIGNATION	TTAND SERIAL NO.	
		EOLOGICAL SUF				26439	EE OR TRIHE NAME	
SUND (Do not use this fo	RY NOT	CES AND REPO	ORTS O					
	 7				7. UNIT /	GREEMENT N	(AME	
WELL APR 27 1977						8. FARM OR LEASE NAME		
Yates Petroleum Corporation						H Bar Y Federal "HO"		
3. ADDRESS OF OPERATOR						NO.		
207 South 4th Street - Artesia, NM 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT		
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface</li> </ol>						Undesignated 1) 11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA Sec. 7-235-23E Unit I NMPM		
1980' FSL & 660' FEL of Section 7-235-23E								
14. PERMIT NO.	15. ELEVATIONS (Show whether DF				1		SH 13. STATE	
•			4195'	GR	Ed	ay	NM	
16.	Chark A	propriate Box To Ir	ndicate Na	ure of Notice, Report, c	or Other Dat	a		
						QUENT REPORT OF:		
				WATER SHUT-OFF		REPAIRING	WELL	
TEST WATER SHUT-OFF		PULL OR ALTER CASING MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING		
FRACTURE TREAT Shoot or acidize	[]	ABANDON*		SHOOTING OR ACIDIZING		ABANDONM	ENT*	
REPAIR WELL		CHANGE PLANS	X	(Other) (Note : Report_res	ulto of multin	le completio		
(Other)				(NOTE: Report re- Completion or Rec letails, and give pertinent da	ompletion Repo	ort and Log 1	(orm.)	
hole to r date.	un 13-3	/8" surface	casinç	spud 8" hole . Will be dri	lling c	ver th	e expiratio	
						<b>ECEI</b> <sup>PR 26</sup> 19	VED	
					A <i>F</i>	PR 2 c		
					Uson	~0 15	177	
					ARTEC	LOGICAL .	NUD.	
					U. S. GEO ARTESIA	LOGICAL S , NEW ME	XICO	
18. I hereby certify that	the foregoing	is typic and correct						
SIGNED Chi	strie	1.	TITLEG	eol. Secty	D	ATE	-25-77	
(This space for Feder APPROVED BY CONDITIONS OF AP	e Du	Lara 1	TITLE ACT	ING DISTRICT ENGIN	EER D	ATE AP	<u>R 261977</u>	

\*See Instructions on Reverse Side

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