Form Approved. Budget Bureau No. 42~R1424

## UNITED STATES DEPARTMENT OF THE INTERIOR

NM-2351

6. IF INDIAN ALLOTTEE OR TRIBE NAME

GEOLOGICAL SURVEY	U. IT TYPINIT, ACCOUNTED ON THIRD WANTE
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas RECEIV	VED B♥ederal "HY"
well gas other P&A	9. WELL NO.
2. NAME OF OPERATOR NOV 0	8 1984 3
Yates Petroleum Corporation	10. FIELD OR WILDCAT NAME
	D. Wildeat Mrd. 272
207 South 4th St., Artesia, NM 882 0 ARTESIA	1 11 000 T 1 11 00 0111 110 0110 110 110
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	Hode A Co. of TO OFF
helow.) AT SURFACE: 660' FNL & 760' FEL	Unit A, Sec. 35-78-25E
717 007117102	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Chaves
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3633.8 GR
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE. Report results b mothale combetton of zone
PULL OR ALTER CASING  MULTIPLE COMPLETE	change on Formation Control
CHANGE ZONES	ONN S 4 Jags
ABANDON*	OIL & GAS
(other)	U.S. GEOLOGICAL SURVEY
AT DESCRIPT PROPOSED ON COMPLETED OPERATIONS (Object of the	ROSWELL NEW MEXICO
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.)*	
Well plugged and abandoned as follows:	
Plug #1 - Spotted 35 sacks Class "C" Neat 2% Ca	
Plug #2 - Spotted 35 sacks Class "C" Neat 2% Ca	
Plug #3 - 10 sacks Class "C" Neat cement at sur	
Heavy mud placed between each plug. Regulation marker has been installed.	
Surface will be restored.	
Subsurface Safety Valve: Manu. and Type	_ Set @
18. I hereby certify that the foregoing is true and correct	
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THE Engineering Sectycars 6/23/81 APPROVED (This space for Federal or State office use) APPROVED BY SEAPPROVAL TE XNY LATE

NOV 71981



\*See Instructions on Reverse Side