

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 ☐
2. NAME OF OPERATOR
Yates Petroleum Corporation
3. ADDRESS OF OPERATOR
207 S. 4th, Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FWL & 660' FNL
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:	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 checked="" type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Please note changes in casing program of 12 1/4" hole, 8 5/8" casing 24# K-55 weight to 875' with 800 sx circulated. 7 7/8" hole with 4 1/2" casing 9.5# K-55 to TD with 350 sx not circulated. We propose to drill and test the Abo and intermediate formations. Approximately 875' of surface casing will be set and cement circulated to shut off gravel and caving. If needed (lost circulation) 7" intermediate casing will be run to 1500' and cemented with enough cement calculated to tie back into the surface casing. Temperature survey will be run to determine cement top. If commercial, production casing will be run and cemented with adequate cover, perforate, and stimulate as needed for production.
MUD PROGRAM: FW gel and LCM to 875', Brine to 3200', Brine & KCL water. MW 10-10.2.
BOP PROGRAM: BOP's will be installed at 850' and tested daily.
GAS NOT DEDICATED.

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

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

SIGNED _____ TITLE Reg. Coordinator DATE 1/5/82

APPROVED (This space for Federal or State office use)
APPROVED (Orig. Sgd.) ROGER A. CHAPMAN TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
JAN 12 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR
See Instructions on Reverse Side

5. LEASE
NM-10893
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Godfrey "MP" Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Undesignated Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15-T7S-R25E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3836.5

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

RECEIVED

JAN 13 1982

O.C. D.
ARTESIA OFFICE