

WM OIL CONS. COMMISSION

Form 9-331
(May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instruction on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 14983

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Monaghan "OY" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Abo

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

Sec. 34-T5s-R24e

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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 "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

SEP 21 1981

O. C. D.

ARTESIA, OFFICE

411-M

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation /

3. ADDRESS OF OPERATOR

207 South 4th Street, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

We propose to drill and test the Abo and intermediate formations. Approximately 850' of surface casing will set and circulated to shut off gravel and caving.

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

SIGNED

TITLE Regulatory Coordinator

DATE 9-4-81

(This space for Federal or State office use)

APPROVED
(Orig. Sgd.) ROGER A. CHAPMAN

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 17 1981

JAMES A. GILHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side