| Form 9-331 (Jec. 1973 | Form Approved. Budget Bureau No. 42-R1424 | |
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| UNITED STATES | 5. LEASE NM 10588 | |
| | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED | |
| 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.) | 7. UNIT AGREEMENT NAME FEB 24-1982 8. FARM OR LEASE NAME | |
| 1. oil gas well other | George QJ Federal O. C. D. 9. WELL NO. 3 ARTESIA, OFFICE | |
| 2. NAME OF OPERATOR Yates Petroleum Corporation / 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME Pecos Slope-Abo Gas | |
| 207 South 4th St., Artesia, NM 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1830' FSL & 660' FWL | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 25-6S-25E | |
| AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 12. COUNTY OR PARISH Chaves 13. STATE NM 14. API NO. | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3763' GR | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF Image: Constraint of the second seco | CAL SURVEY W MEXICO | |

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.)*

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TD 4225'. Ran 102 joints of 4-1/2'' 9.5# J-55 casing set at 4216'. 1-auto fill float shoe at 4216'. Cemented w/250 sacks 50/50 Poz and .6% CF-9 and .3% TF-4 with 3% KCL. PD 12:35 PM 1-17-82. WOC.

| Subsurface Safety Valve Mart anDType | Set @ | Ft. |
|-----------------------------------------------------------------------------------------|----------------------------------------------|-----|
| Subsurface Safety Valve: Manuarth Type 18. I hereby certify that the toresting is tr | le and correct | |
| SIGNED | TITLE Engineering Secty DATE 2-3-82 | |
| 1 = | (This space for Federal or State office use) | |
| APPROVED BY CONDIT ONS ODAFPHOVAL, IF ANY | DATE | |

*See Instructions on Reverse Side

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