## NM OIL CONS. COMMISSION Drawer DD

Form Approved. Budget Bureau No. 42-R1424

## Artesia, NM 88210 UNITED STATES

	DEPARTMENT	OF	THE	INTERIOR
C/SF	GEOLOG	ICAL	. SUF	RVEY

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6. IF INDIAN, ALLOTTEE OR TRIBE NAM

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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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(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 well X other well

2. NAME OF OPERATOR

Yates Petroleum Corporation /

3. ADDRESS OF OPERATOR

207 S. 4th, Artesia, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL and 660' FWL

AT TOP PROD. INTERVAL: AT TOTAL DEPTH: same

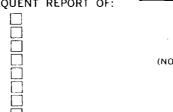
REPORT, OR OTHER DATA

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

(other)

SUBSEQUENT REPORT OF:



KECFIVED 7. UNIT AGREEMENT NAME APR 3 0 1982 8. FARM OR LEASE NAME Teckla "MD" Federal O.C.D 9. WELL NO. ARTESIA, OFFICE 3 10. FIELD OR WILDCAT NAME Pecos Slope Abo 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T6S-R25E 12. COUNTY OR PARISH 13. STATE

Chaves 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3801.5 GL

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

> U.S. GEOLOGICAL THEVE ROSWELL, NEW

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.)\*

Casing program changed

14 3/4" hole-10 3/4" csq.-40.5#-@880' TO: 7 7/8" hole-4 1/2" csg.-9.5# to TD.

15" hole-10 3/4" csg. 40.5#-@880' FROM: 7 7/8" or 6 1/4" hole-4 1/2" or 5 1/2" csq.-10.5# or 15.5# to TD.

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct · Elle Guldwe Regulatory Secy ATE (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: