

NM OIL CONS. COMMISSION

Dr. or DD

Artesia, NM 88210
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

C/SF
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 ☐ well gas ☒ well other

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 S. 4th, St., Artesia, NM 88210

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

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☒
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
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RECEIVED
JAN 20 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE
NM 19416

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Langley "RJ" Fed

9. WELL NO.
1
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME
Please Slope
Undesignated Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9-T6S-R25E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4037.8

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.)*

Change casing program from: 10 3/4" @ 900'
to: 8 5/8" @ 950'

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

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

SIGNED *Ken Brading* TITLE Reg. Coordinator DATE 1/18/82

ACCEPTED FOR RECORD
ROGER A. CHAPMAN
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JAN 22 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

(This space for Federal or State office use)

TITLE _____ DATE _____

*See Instructions on Reverse Side