

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

*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 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
660 FSL & 660 FWL, Sec. 9-6S-25E  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input 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) Production Casing, Perforate & Treat

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.)\*

TD 4300'. Ran 104 joints of 4-1/2" 9.5# J-55 of casing set at 4290'. Auto-fill float shoe set at 4290'. Cemented w/350 sacks 50/50 Poz "C" and .6% CF-9 and .3% TF-4 with 3% KCL. PD 6:10 PM 1-4-82. Bumped plug to 750 psi, released pressure and float held okay. WOC.  
WIH and perforated 13 .50" holes as follows: 3722-29 (8 holes), 3734-38 (5 holes). Sand frac'd perms 3722-38' w/2000 gallons gelled KCL water, 40 tons CO2, 80000# 20/40 sand. Well cleaned up and stabilized at 245 psi on 3/4" choke = 3788 mcfpd.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Monte D. Dettl* TITLE Engineering Secty DATE 1-25-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE	NM 19416
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	RECEIVED
7. UNIT AGREEMENT NAME	JAN 25 1982
8. FARM OR LEASE NAME	O. C. D.
9. WELL NO.	ARTESIA. OFFICE
10. FIELD OR WILDCAT NAME	Unit M, Sec. 9-6S-25E
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Unit M, Sec. 9-6S-25E
12. COUNTY OR PARISH	13. STATE
Chaves	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	4028.8' GR

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