well

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

NM OIL COMS. COMMISSION

Drawer DD

88210

Form Approved. Budget Bureau No. 42-R1424

UNITED STATESirtesia, NM

DEPARTMENT OF THE INTERIOR

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.)

other

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17

GEOLOGICAL SURVEY CISF

X

Yates Petroleum Corporation/

207 S. 4th St., Artesia, NM 88210

NM	1026	1

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

		<i>(</i> A
***		-1'
7	LINIT ACDEEMENT	NAME.

RECEIVED

3.	FARM OR	LEA	SE	NAME
	Thomas	TM	Fo	محكمان

APR 3 0 1982

9. WELL NO.

O. C. D. ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Pecos Slope Abo Gas

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

Unit F, Sec. 14-T6S-R25E

12. COUNTY OR PARISH 13. STATE

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3860.6' GR

below.) 1980 FNL 1980 FWL, Sec. 14-6S-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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* Production Casing (other)

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

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 4282'. Ran 104 joints of 4-1/2" 9.5# K-55 LT&C casing set at 4282'. 1-regular guide shoe set at 4282'. Insert float set at 4241'. Cemented $\mbox{w}/450$ sacks Howco 50/50 Poz, .5% CFR-2, .5% Halad-4 and 2% gel $\mbox{w}/2\mbox{\#}$ KCL. PD 5:30 PM 3-26-82. Bumped plug to 1350 psi, released pressure and float held okay. WOC.

Subsurface Safety Valve: Manu. and Type

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

TITLE Engineering Secty DATE

(This space for Federal or State office use)

NEW MEXICO

ACCEPTED FOR

DATE

CONDITIONS OF APPROVAL, IF ANY:

Lead the main that the leading of th

APPROVED BY

*See Instructions on Reverse Side