0/SF

Had CONS. COMMISSION

5. LEASE

Artosia, NM

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

DEP/

ARTMENT	OF	THE	INTERIOR	
GEOLOGI	CAL	SHR	VFY	

NM	9539
TE INDIAN AL	LOTTEE OR TRI

7. UNIT AGREEMENT NAME

IF INDIAN AL	LOTTEE OR TRIBE NAM

REC	, m.,	11.7		
445-5-	S.	. 9	£.	1.2

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.)  $\frac{1}{2} \left( \frac{1}{2} - \frac{1}{2} + \frac{1}{2}$ 

gas X well 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.) 1980 FNL & 660 FEL, Sec. 9-8S-25E AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

APR 3 0 1932 8. FARM OR LEASE NAME 📝 Williamson LC Federal O. C. D. 9. WELL NO. ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Und. Pecos Slope Abo

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

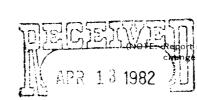
Unit H, Sec. 9-T8S-R25E 12. COUNTY OR PARISH 13. STATE

Chaves NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3635 GR

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) CORRECTED FLOW RATE



orb results of multiple completion or zone on Form 9-330.)

OIL & GAS U.S. GEOLOGICAL SURVEY

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (COSTY) State of MEXICON 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.)\*

SUBSEQUENT REPORT OF:

CORRECTED FLOW RATE:

Previous flow rate of 150 psi on 3/4" choke = 2200 mcfpd taken on 4-4-82 was in error.

Corrected flow rate is 11 psi on 3/4" choke = 360 mcfpd.

Well stabilized on 4-7-82.

Subsurface Safety Valve: Manu. and Type ....

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

bodlett TITLE Engineering Secty DATE

(This space for Federal or State office use)

DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side