c/5F

NM OIL CONS. COMMISSION

Drawer DD

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES Artesia, NM 88210

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DEPARTMENT	OF	THE	INTERIOR	

GEOLOGICAL	SURVEY	

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.)

gas well X well other

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 1980' FNL and 1680'

AT SURFACE: 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) change mud program 5. LEASE

RECEIVED NM-28162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

APR 3 0 1982 7. UNIT AGREEMENT NAME

0. C. D 8. FARM OR LEASE NAME

ARTESIA, OFFICE Thorpe "MI" Federal

NM

9. WELL NO.

10. FIELD OR WILDCAT NAME

Undes. Pecos Slope Abo

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

Sec. 3-T7S-R25E

12. COUNTY OR PARISH 13. STATE

Chaves

14. API NO.

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

3755.0 GL

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

OIL & GAS U.S. GEOLOGICAL SURVE

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.)*

12 1/4" hole-8 5/8" csg.-40.5#-@900' Change casing program from:

SUBSEQUENT REPORT OF:

7/8" or 6 1/4" hole-4 1/2" csq.-10.5# to TD.

17 1/2" hole-13 3/8" csg.-48#-@850'

12 1/4" hole-8 5/8" csg.-24#-@1600'

7 7/8" hole-4 1/2" csg.-9.5#-to TD.

Well will be drilled with Desert Rig #1 using air instead of mud.

TITLE

ACCEPTED FOR RECORD

Subsurface Safety Valve: Manu. and Type . .

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

Ydellaury Regulatory Section CEO 476/82 SURVEY

ROSWELL

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

See Instructions on Reverse Side

(This space for Federal or State office use