NM OIL CONS. COMMISSION

88210

Form Approved Budget Bureau No. 42-R1424

MAY - 3 1982

| orm 9–331<br>Dec. 1973 |           |        |          | Draws | sin, W |
|------------------------|-----------|--------|----------|-------|--------|
| 200. 157.0             | UN        | ITED S | STATES   | Arte  | sin A  |
|                        | DEPARTMEN | NT OF  | THE INTE | RIOR  |        |
| C/SF                   | GEOLO     | OGICAL | SURVEY   |       |        |
|                        |           |        |          |       |        |
| SUNDRY                 | NOTICES   | AND    | REPORT   | S Or  | 1 MFFI |

|    | LEASE 14983                       | RECEIVED |
|----|-----------------------------------|----------|
| 6. | IF INDIAN, ALLOTTEE OR TRIBE NAME |          |

| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. UNIT AGREEMENT NAME MAY - 3 198                                   |
|--|--|
| (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.) | 8. FARM OR LEASE NAME O. C. D. Monaghan "QY" Federal ARTESIA, OFFICE |
| 1. oil gas XX other  2. NAME OF OPERATOR   | 9. WELL NO.  |
| Yates Petroleum Corporation /  | 10. FIELD OR WILDCAT NAME Pegos Slope Abo                            |

DCAT NAME pe Abo

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

3. ADDRESS OF OPERATOR 207 S. 4th, Artesia, New Mexico

Sec. 21-T5S-R24E

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

12. COUNTY OR PARISH 13. STATE Chaves

1980' FNL and 660' FEL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

> 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3983.6' GL

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)

below.)

SUBSEQUENT REPORT OF:

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

14. API NO.

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 delited, give subsurface locations and measured and true vertical depths for all markers and zones pertlibent @EONEO WORKAN \$ 1875 ROSWELL, NEW MEXICO

Casing program changed from:

15" hole-10 3/4" csg.-40.5#@920'

12 1/4" hole-8 5/8" csg.-24# @925'

| Subsurface Safety Valve: Manu. and Type  | Set @                        | Γt. |
|--|------------------------------|-----|
| 18. I hereby certify that the foregoing is true and correct  |                              |     |
| SIGNED ALEDFORMED FOR MELONG TITLE REGulatory S  | Secy <sub>DATE</sub> 4/26/82 |     |
| This space for Federal or State office   | e use)                       |     |
| APPROVED BY APPROVAL OF 1882   | DATE                         |     |
|  |                              |     |
| TU.S. ORDIGOICAL SURVEY  |                              |     |
| FROM WELL INDIVIDUAL OF THE PARTY OF THE PAR |                              |     |