TIGHT HOLE

## NW OIL CONS. COMMISSION

Drawer DD

Budget Bureau No. 42-R1424

Form Approved.

UNITED STATES Tesia, NM 88210

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AN	ID REPORTS	UN	MFLL2
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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.)

1. oil gas X other well 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 AT SURFACE: 1785 FSL & 1980 FWL, Sec. 15-18S-15E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

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

9. WELL NO. 10. FIELD OR WILDCAT NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Dog Canyon YF Federal

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

Unit K, Sec. 15-T18S-R15E 12. COUNTY OR PARISH 13. STATE NM Otero

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6372.1' 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\*

Plugback

(other)

SUBSECUENT REPORT OF: RECEIVED BY

FEB 07 1966 FE: Report results of multiple completion or zone change on Form 9-330.)

O. C. D. ARTESIA, OFFICE

DIST. 6 N. M

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and first including estimated date of starting any proposed work. If well is directionally drilled, give subsurface measured and true vertical depths for all markers and zones pertinent to this work.)\*

Plugged well back as follows:

Plug #1: 50 sack Class "C" from 8000-7900'. Plug #2: 50 sack Class "C" from 6400-6300'. 75 sack Class "C" from 4075-3900'. Plug #3:

Verbal permission obtained from BLM, Roswell, NM by Eddie Mahfood, YPC, Artesia ACCEPTED FOR RECORD for plugback.

> Hein JAN 16 1986

\_\_\_ Set @ \_\_\_\_\_ Subsurface Safety Valve: Manu. and Type ... 18. I hereby certify that the foregoing is true and correct Production Supervisor DILLOW TITLE. DATE . (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

0.0 0 10.