

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.)

1. oil ☒ well gas ☐ 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.) 1718 FNL & 2259 FWL, Sec. 28-17S-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:	SEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Intermediate Casing <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.)*

Lost returns at 760', regained returns at 763'. Lost returns at 847', pumped pill and regained returns at 852'. Ran 26 jts of 7" 23# J-55 LT&C casing set 1142'. 1-Texas Pattern notched guide shoe set 1142'. Insert float set 1099'. Cemented w/225 sacks Pacesetter Lite, 1/4#/sack celloseal and 3% CaCl2. Tailed in w/150 sacks Class C 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 12:30 PM 1-9-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 45 sacks. WOC. Drilled out 6:45 AM 1-10-84. WOC 18 hrs and 15 minutes. NU and tested to 1000 psi for 30 minutes, OK. Reduced hole to 6-1/4". Drilled plug and resumed drilling.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 1-10-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL FEB 28 1984

5. LEASE NM 12832

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Federal CD

9. WELL NO. 5

10. FIELD OR WILDCAT NAME Eagle Creek SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 28-17S-R25E

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3566' GR

RECEIVED
JAN 12 10 20 AM '84
BUREAU OF LAND MANAGEMENT
ROSENBERG DISTRICT

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