

UNITED STATES
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.) 330 FNL & 990 FEL, Sec. 31-17S-25E
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

- 5. LEASE
NM 15664
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
- 8. FARM OR LEASE NAME
Federal EF
- 9. WELL NO.
3
- 10. FIELD OR WILDCAT NAME
Eagle Creek SA
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit A, Sec. 31-T17S-R25E
- 12. COUNTY OR PARISH
Eddy
- 13. STATE
NM
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)
3617' GR

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

- | | |
|---|--------------------------|
| REQUEST FOR APPROVAL TO: | SUBSEQUENT 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 CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <input type="checkbox"/> | <input type="checkbox"/> |

RECEIVED BY
DEC 18 1983
O. C. D.
ARTESIA OFFICE

RECEIVED
DEC 9 9 28 AM '83
BUR. OF LAND MGMT
ROSWELL DISTRICT

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.)*

Correct spud date from: 10-21-83
to: 10-31-83

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

18. I hereby certify that the foregoing is true and correct
SIGNED David R. Glass TITLE Production Supervisor DATE 12-7-83

ACCEPTED FOR RECORD (This space for Federal or State office use)
APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL DEC 12 1983