Form 9-331 (May 1963)

N. M. O. G. C. COR ITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN T (Other instruct on re-

Form approved.
Budget Bureau No. 42-R1424.

| DEPART | MENT OF THE INTERIO | OR verse side) from | 5. LEASE DESIGNATION AND SERIAL NO. |
|---|---|----------------------------|--|
| | GEOLOGICAL SURVEY | 011 | LC-067136 |
| | TICES AND REPORTS Cosals to drill or to deepen or plug bacation for PERMIT—" for such pro | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 1. OIL X7 GAS T | | | 7. UNIT AGREEMENT NAME |
| WELL WELL OTHER T&A (Reentry) 2. NAME OF OPERATOR | | | 8. FARM OR LEASE NAME |
| Yates Petroleum Corporation 3. ADDRESS OF OPERATOR | | | Scout Federal |
| | | | 9. WELL NO. |
| 309 Carper Building - Artesia, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | 1 |
| | | | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 2210 777 2 2 26504 | *** | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 2310 FNL and 1650' FEL of Sec. 34-18S-25E | | | 34-18S-25E Unit G NMPM |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, | RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | 3494' DG | | Eddy N.M. |
| 16. Check A | ppropriate Box To Indicate No | ature of Notice. Report, o | r Other Data |
| NOTICE OF INTE | | | EQUENT REPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| REPAIR WELL | CHANGE PLANS | | re Plans X |
| (Other) | | | ults of multiple completion on Well mpletion Report and Log form.) |
| 5-22-66 - This wel | l was logged and 2 | copies of the | |
| | | | e acidized the well |
| in the f | ollowing intervals | : | |
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| | ODD AMMAGUED C. | | |
| | SEE ATTACHED-fo | r the intervals | acidized |
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| • | | RE | 2 1 190 SURVE |
| | ់ ខេត្តបានជ | 30 E | CHOAL MEXICO |
| | | - (| EOLO MEN III |
| | | 11.5. | CESIA. |
| | | ₽.K | EIVED 1211966 SURVEY SEOLOGICAL MEXICO JESIA. MENI MEXICO |
| 18. I hereby certify that the foregoing | is true and correct | | |
| SIGNED Kickery E | none TITLE Ge | ologist | 10-20-66 |
| (This space for Federal or State, or | ffice use) | | |
| I BOROVED BY | | | D. 100 |
| CONDITIONS OF A PROVAL, IF | ANY: | | DATE |
| | , | | |

*See Instructions on Reverse Side