

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 into a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☐  
2. NAME OF OPERATOR  
Yates Drilling Company ✓  
3. ADDRESS OF OPERATOR  
207 S. 4th, Artesia, N.M. 88210  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660 FSL & 4620 FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:  
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    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |

(other) Clean out and put well back  
on Production

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.)\*

Clean out 4 1/2" 11.5# casing to T.D. Acidize perforations 2319' - 2324' 25 perfs., 2330' - 2342', 25 perfs. with 1000 gals HCL acid. Put well back on production.

5. LEASE  
NM 0924  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
South Loco Hills Unit  
8. FARM OR LEASE NAME  
South Loco Hills Unit JUL 01 1983  
9. WELL NO.  
#16  
10. FIELD OR WILDCAT NAME  
Loco Hills Q-G-SA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit M, Sec. 19-T18S-R29E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3532' KB

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

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Prod. Supervisor DATE June 6, 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUN 30 1983