

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 ☐ gas ☐ other Change well name
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.)
AT SURFACE: 660 FNL & 660 FWL, Sec. 1-8S-31E
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) Well name change | <input type="checkbox"/> | | <input 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.)*

Change well name from: Union Federal #1

to: UNION "SI" FEDERAL #1

5. LEASE
NM 0558018
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME
Union SI Federal FEB 28 1983
9. WELL NO.
1 O. C. D.
10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
Tomahawk SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit D, Sec. 1-T8S-R31E
12. COUNTY OR PARISH Chaves 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4379' KB

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

RECEIVED

FEB 18 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED _____ TITLE Production Supervisor DATE 2-16-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____ ACCEPTED FOR RECORD

FEB 24 1983
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

MAR 2 1983

COB.
HOBBS OFFICE