N. M. BIL CERS. COMMISSION

Form Approved Budget Bureau No. 42-R1424

## UNITED STATES P. O. 30" 1930

DEPARTMENT OF THE INTERMORES CENT THE GEOLOGICAL SURVEY

75.8824D NM-0354427A

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Amoco Federal

9. WELL NO. 2

AREA

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6.	IF	IN	DIA	N.	ΑL	LC	TT	EE	OR	TRIE	ΒE	NΑ	M	E

SUNDRY	NOTICES	AND	<b>REPORTS</b>	ON	WELLS
SUNDKY	NOTICES	AND	REFUNIS	OIN	AALLL

(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	$\Sigma_{i}$	gas well		other					
2. NAME OF OPERATOR										
Yates Energy Corporation										
3.	ADDF	RESS	OF OPE	RATOR	Security	nati Nati	onal	Bank	B10	lg

Suite 919, Roswell, New Mexico 88201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)

AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

\*NOGNAEA

(other)

1980' FNL & 1980' FEL

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

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF = FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

Sec. 1, T-8S, R-30E 12. COUNTY OR PARISH 13. STATE

10. FIELD OR WILDCAT NAME Cato-San Andres

<u> N.M.</u> Chaves 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4192' GR

(NOTE: Report results of multiple completion or zone

change on Form 9-330)

11. SEC., T., R., M., OR BLK. AND SURVEY OR

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 OF OPERATOR EFFECTIVE 7/1/82

CHANGE OF OPERATOR

FROM: Harvey E. Yates Company

P. O. Box 1933

Roswell, New Mexico 882)1

TO: Yates Energy Corporation

DESIGNATION OF OPERATOR ATTACHED

VV 2 9 1932

DIL & nr; MINERALS MGMT. SERVICE ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu.	and Type —	_, , Set ②Ft.
18. I hereby certify that the fore	going iş true and correct	
SIGNED John R. McMi	nn Engineer	DATE _August_6, 1982
APPRO	OVED (This struce to r Federal or State)	office use:
APPROVED BY	Y: 1	DATE

DEC 1 7 1982

FOR

\*See Instructions on Reverse Side JAMES A. GILLHAM DISTRICT SUPERVISOR

RECEIVED

DEC 221982

SCD OFFICE