Yates Petroleum Corporation

AT SURFACE: 660 FNL & 1980 FEL

gas

well

well X

2. NAME OF OPERATOR

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

ABANDON\*

(other)

(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.)

other

207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.

Form Approved. Budget Bureau No. 42-R1424

5. LEASE

NM 0558018

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Union SI Federal

9. WELL NO.

10. FIELD OR WILDCAT NAME Und. Tomahawk SA

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

Unit B, Sec. 1-T8S-R31E

12. COUNTY OR PARISH 13. STATE Chaves NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4398.2 GR

(NOTE: Report results of multiple compley appropriate change on Form 9-330 AY 2 9 982

OIL & GAS U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

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.)\*

Spudded a 12-1/4" hole at 7:00 AM 5-15-82. Ran 42 jts of 8-5/8" 24# casing set at 1700'. 1-Texas Pattern guide shoe at 1700'. Insert flapper float at 1660'. Cemented w/650 sacks 50/50 Poz. Compressive strenght of cement - 1050 psi in 12 hrs. PD 4:30 AM 5-18-82. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 35 sacks to pit. Drilled out 4:30 PM 5-18-82. WOC 12 hours. Nippled up and tested to 1000 psi, okay. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

SUBSEQUENT REPORT OF:

Subsurface Safety Valve: Manu. and Type

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

SIGNED Canals Condition Title Engineering Secty

(This space for Federal or State office use ROSWELL, NEW MEXICO

APPROVED BY TITLE ONDITIONS OF APPROVAL IF ANY.

1 2 98 97

MIN E FORZ

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