Form 9-331 N. M. OIL CONS. COMPANY Dec. 1973 P. O. BOX 1980	Form Approved. Budget Bureau No. 42–R1424	
HOBBS, NEW MEXICOT AREA	S. DEASE	ł
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM 31186 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir, Use Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME	
1. of gas 1.1	8. FARM OR LEASE NAME Sotol UQ Federal	*
2. NAME OF OPERATOR	9. WELL NO. 1	
Yates Petroleum Corporation	10. FIELD OR WILDCAT NAME Undes. Queen	4
207 South 4th St., Artesia, NM 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
below.)	Unit N, Sec. 7-T15S-R30E	
AT SURFACE: 850 FSL & 1450 FWL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Chaves NM	
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	1
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW OF KER INS	٤
EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3923' GR	
EST WATER SHUT-OFF		
HOOT OR ACIDIZE	「時代」は「「「「「「」」	
ULL OR ALTER CASING	(NOTE: NOTE:	li an
	ge on Form 9-330.)	-2-+
HANGE ZONES	APR 1 4 1983	
BANDON* [X]	111 1 1 1 1 10 0	F
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent pose to plug and abandon well as follows: Pull 4-1/2" casing at approximately 1180' (cem	ectionally dri ned; give prospiration (CC ations and to this work.)*	
Set 25 sack cement plug 1860-2225' across perf Set 45 sack cement plug 1090-1230', across cas Set 55 sack cement plug 325-500' at top of sa Set 10 sack cement plug at surface and install of Restore surface and notify U.S. Dept. of Interio Notify U.S. Dept. of Interior, Roswell 24 hours	orations 2023-28'. ing stub and bottom of salt @1140'. lt at 450' and casing shoe at 375'. dry hole marker. or for final inspection.	
: Still evaluating well.		
ubsurface Safety Valve: Manu. and Type	Set @ Ft.	
3. Thereby certify that the foregoing is true and correct Production		Ìma
GNED La territor BBDOVED Lettine Supervisor	DATE 4-12-83	
(This space for Federal or State office		
ORIG. SGD.) DAVID R. GLASS	-	ľ
ORIG SGD.) DAVID R. GLASS	DATE	
FOR James Cl. Fleen and		
ANTINA BIOTRICY LINGTON		
ACTINE DISTRICT MANAGER *See Instructions on Reverse Sid	le	liance

RECEIVED APR 2 5 1983 HOBBS COLOR