

AMENDED

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 ☐ well gas ☒ well other ☐
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: 850 FSL & 1450 FWL
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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input checked="" 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) <u>Production Casing, Perforate, Treat</u>	

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.)*

TD 2271'. Ran 56 joints of 4-1/2" 9.5# J-55 casing set at 2265'. 1-float guide shoe set at 2265'. Cemented w/275 sacks Class "C" 2% CaCl₂. Compressive strength of cement - 1250 psi in 12 hours. PD 8:45 AM 9-3-82. Bumped plug to 1000 psi, released pressure and float held okay. WOC 48 hours. WIH and perforated 2023-28' w/11 .40" holes. Frac'd well w/2000 gallons gelled 2% KCL water, (via casing), 750 gallons 15% NE HCL acid and 33000# 20/40 sand.

AMENDED REPORT TO CORRECT CEMENT.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Production Supervisor DATE 5-6-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

SEP 12 1983

ROSWELL, NEW MEXICO

5. LEASE
NM 31186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sotol UQ Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Undes. Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit N, Sec. 7-T15S-R30E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3923' GR

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

RECEIVED BY
SEP 14 1983
O. C. D.
ARTESIA, OFFICE