

**NM OIL CONS. COMMISSION**  
**UNITED STATES**  
**ARTESIA, NM 88210**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

Form Approved.  
Budget Bureau No. 42-R1424

**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 ☐  
well well

2. NAME OF OPERATOR

Yates Drilling Co.

3. ADDRESS OF OPERATOR

207 S. 4th, Artesia, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FSL and 1650' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 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) Change BOP

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

☐

5. LEASE

NM-26883

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dave Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Indes. Queen

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

Sec. 34-T12S-R31E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4214.6' GL

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

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 BOP from double ram to annular type.



Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

*David R. Glass*

TITLE

Regulatory Secretary

DATE

11/15/83

(ORIG. SGD.) DAVID R. GLASS

(This space is for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

NOV 20 1983

\*See Instructions on Reverse Side