

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Yates Drilling Company

3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 990 FSL & 990 FWL
AT SURFACE:
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 type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input 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) Perforate, Treat	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.
2

10. FIELD OR WILDCAT NAME
Und. Caprock Queen Area

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit M, Sec. 34-T12S-R31E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4187' GR

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MAR 02 1984

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

O. C. D.

ARTESIA, OFFICE

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 2925'. WIH and perforated 2723-30' w/14 .40" holes. Treated w/750 gallons 15% acid. Frac'd perforations w/15000 gallons gelled KCL water, 5000# CO₂ and 22500# (16500# 20/40 and 6000# 10/20) sand. Set pumping equipment.

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

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

SIGNED Peter W. Chester TITLE Production Supervisor DATE 2-13-84

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
FEB 17 1984

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MAR 5 1984

O.C.D.
HCBBS OFFICE