

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 Drilling Company

3. ADDRESS OF OPERATOR
207 South 4th Street, Artesia, N.M. 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FEL
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) Amend surface use plan. <input type="checkbox"/> | |

5. LEASE
NM-015807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Garner Federal

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
SE Chaves Queen Gas Area Assoc.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34-12S-31E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4427' 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.)*

We request approval to lay electric power lines from the Garner Federal #2 location to the Garner Federal #3 location, utilizing existing road right-of-way. The electric lines from the Garner Federal #2 north to the north boundary of the W/2SE/4 Section 34-12S-31E will be across BLM surface.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Karen J. Leisner TITLE Production Clerk DATE 5-2-85

(This space for Federal or State office use)

APPROVED BY S/Phil Kirk TITLE Area Manager DATE 5-8-85
CONDITIONS OF APPROVAL, IF ANY: