

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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 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: 1650' FNL and 1700' 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Testing

5. LEASE
NM-28179

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fredia Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

S.E. Chaves Queen Gas Area Assoc.

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

Sec. 3-13S-31E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4439' 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.)*

11-29-84 Moved Swab Unit in and began swab testing.

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 Clerk

DATE

11-29-84

APPROVED BY
CONDITIONS OF

ACCEPTED FOR FEDERAL (This space for Federal or State office use)
PETER W. CHESTER

TITLE

DATE

DEC 6 1984

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