

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
depth. 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: 330' 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 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) _____

5. LEASE
NM-15896
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
DeLuna Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
S.E. Chaves Queen Gas Area Assoc.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34-T12S-R31E
12. COUNTY OR PARISH Chaves 13. STATE N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4433.4' 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.)*

T.D. 3100'.

Ran 74 joints 5 1/2" 14# J-55 ST&C casing set at 3094'. Auto-fill float shoe set at 3095'. Used 420 gals. Chemical wash ahead of cement. Cemented with 160 sacks Class "C" 65/35% Poz, 8#/sack salt, 6% gel and 1/4#/sack floreal. Tailed in with 250 sacks Class "C" with 1/4#/sack floreal and 1% CaCl₂. Compressive strength of cement 850 psi in 12 hours. PD 10:01 AM, 2-21-85. Bumped plug to 1000# for 30 minutes, released pressure, float and casing held okay. WOC.

WIH and perforated 2987 1/2 -93' with 13, 5/8" holes. Acidized and frac'd perforations with 750 gals 15% ACL, 15000 gals. 30# gel water, 23 1/2 tons CO₂ and 23000# (13000# 20/40 and 10000# 10/20) sand. 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 2-28-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

ACCEPTED FOR RECORD
TITLE PETER W. CHESTER DATE _____

MAR 8 1985

*See Instructions on Reverse Side
BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

RECEIVED

MAR 12 1985

O.C.B.
HOLDS OFFICE