

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other Instructions
verse side)

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dual Oil - Gas		5. LEASE DESIGNATION AND SERIAL NO. 114-11215
2. NAME OF OPERATOR Vates Drilling Company - <i>Marlow</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A - 660' FRL & 660' FEL Section 30-19S-32E		8. FARM OR LEASE NAME Elliott Hall "A"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' DF		10. FIELD AND POOL, OR WILDCAT Lusk-Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 30-19S-32E MMP4
		12. COUNTY OR PARISH Log
		13. STATE N.M.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

2-17-69 - Pulled tubing set Bridge Plug at 11,900' and dumped 2 sacks of cement with dump bailer on top of Bridge Plug to plug off Morrow Zone.

2-19-20-69 -

Perforated 11,207-11,217' with 20 holes - 2 shots/ft. Ran tubing and set packer at 11,237. Treated above the packer thru annulus with 5000 gal. 15% regular acid. Displaced annulus with 250 bbls oil. Round tripped tubing and set packer at 11,177'. Restored Strawn formation to production.

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

SIGNED *[Signature]*

TITLE Prod. Supt.

DATE 3-3-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

MAR 4 1969

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)E*
Fe-Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14 01212

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott Hall

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lusk-Morrow

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

NE/4 30-T19S-R32E

12. COUNTY OR PARISH
Lea13. STATE
N.M.1. OIL WELL ☐ GAS WELL ☐ OTHER Dual Oil-Gas

2. NAME OF OPERATOR

Yates Drilling Company / *McKee*

3. ADDRESS OF OPERATOR

207 South 4th Street - Artesia, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit A - Sec. 30-T19S-R32E

660/N and 660/E

OCT 15 1968

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

14. PERMIT NO.

Mc-1341

15. ELEVATIONS (Show whether DP, RT, or SB)

3566'

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)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 perti-
nent to this work.)*

It is the intention of Yates Drilling Company to perform the following work on the subject well: (1) Pull dual strings of tubing (2) Run Cast Iron Bridge Plug to 12,000' to plug off the Morrow zones (3) Dump two bailers of cement on top of plug (4) Test Bridge Plug. (5) Restore Strawn Oil to Production.

The Morrow Zones are non-productive and the history in the area shows depletion to an uneconomical point.

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

SIGNED

TITLE Engineer

DATE 10-14-68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 15 1968

S. A. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

Operator Yates Drilling Co. & Martin Yates III			Lease Elliott-Hall A			Well No. 1	
Location of Well	Unit A	Sec 30	Twp 19S	Rge 32E	County 67		Lea
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size	
Upper Compl	Strawn		Oil, gas	Flowing	Tubing	33/64	
Lower Compl	Morrow		Oil, gas	Flowing	Tubing	17/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00AM, April 19, 1967

Well opened at (hour, date): 10:00 AM, April 20, 1967

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>1000#</u>	<u>2100#</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>No</u>
Maximum pressure during test.....	<u>350#</u>	<u>2100#</u>
Minimum pressure during test.....	<u>300#</u>	<u>2100#</u>
Pressure at conclusion of test.....	<u>300#</u>	<u>2100#</u>
Pressure change during test (Maximum minus Minimum).....	<u>50#</u>	
Was pressure change an increase or a decrease?.....	<u>Decr.</u>	
Well closed at (hour, date): <u>2:00 PM, April 20, 1967</u>	Total Time On Production <u>4 hours</u>	
Oil Production During Test: <u>16</u> bbls; Grav. <u>50</u> ;	Gas Production During Test <u>376</u> MCF; GOR <u>24/1</u>	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 2:00 PM, April 20, 1967

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>300#</u>	<u>2100#</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>300#</u>	<u>2100#</u>
Minimum pressure during test.....	<u>290#</u>	<u>2100#</u>
Pressure at conclusion of test.....	<u>300#</u>	<u>2100#</u>
Pressure change during test (Maximum minus Minimum).....	<u>10#</u>	
Was pressure change an increase or a decrease?.....	<u>Decr.</u>	
Well closed at (hour, date): <u>6:00 PM, April 20, 1967</u>	Total time on Production <u>4 hours</u>	
Oil Production During Test: <u>28</u> bbls; Grav. <u>54</u> ;	Gas Production During Test <u>203</u> MCF; GOR <u>7/1</u>	
Remarks _____		

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____
New Mexico Oil Conservation Commission

By _____
Title _____

Operator **Yates Drilling Co. & Martin Yates III**
By Clifton J. Ford
Title Production Superintendent
Date 4/24/67

It is noted that the well was not completed with cement, and that the packer was not set. It is also noted that the well was not completed with cement, and that the packer was not set. It is also noted that the well was not completed with cement, and that the packer was not set.

1. The above information is based on the testimony of the drug
traffickers and the fact that the drug traffickers are
not likely to be read pressure or to be intimidated and
the fact that the traffickers, provided however, that they need to remain

The first volume of the two-volume set shall be produced at the same time as production while the other volume remains subject to the normal review process.

6. Flow test No. 1 shall be conducted even though no leak was indicated during flow test No. 1. The pressure for flow test No. 2 is to be the same as for flow test No. 1. If a leak is produced, any pressure zone shall remain shut-in while the previously mentioned zone is produced.

7. All pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with a deadweight tester at least twice, once at the beginning and once at the end of each flow test.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Commission on Southeast New Mexico Cacker Leakage Test Form Revised 11-1-58, together with the original pressure recorded wedge charts with all the deadweight pressure-releasing valve labels indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve for each pump leak test, indicating thereon all pressure changes which may be indicated by the gauge charts as well as all deadweight pressure loadings and valve closures. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form 11-1-58 shall also accompany the Cacker Leakage Test Form when the test is completed and a gas-oil ratio test period

[illegible]