

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

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P. O. Box 1933, Roswell, New Mexico 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 1980' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: Same

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) Spud well & run csg.

5. LEASE

NM-40453

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Young Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.

13

10. FIELD OR WILDCAT NAME

North Young Bone Springs

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

Sec. 9, T-18S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DE, KDB, AND WD)
3825.7 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.)*

Spud well @ 7:30 a.m. 10/6/84. RIH w/12 jts 61# ST&C 13 3/8" csg & set @ 500'.
Cmt w/200 sxs DIW w/2% CaCl, 1/4 celloflake & 200 sxs class "C" w/2% CaCl. Press test to 1000# for 30 min - held o.k.

10/11/84 RIH w/8 5/8" csg as follows:

442.16' 32# J-55

2232.01' 24# J-55

Set @ 2660'. Cmt w/700 sxs lite weight 3 w/2% CaCl, 200 sxs cl "C" w/2% CaCl & cmt short joint w/100 sxs lite wt 3 w/2% CaCl. Press test to 1000# for 30 min held o.k.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Ray J. D. [Signature]

TITLE Reservoir Eng.

DATE 10/15/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

OCT 17 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

OCT 19 1984

O.C.D.
HOBBS OFFICE