

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 Petroleum Corporation  
3. ADDRESS OF OPERATOR  
207 So. 4th St., Artesia, NM 88210  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330 FNL & 330 FWL, Sec. 18-26S-38E  
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) CORRECTION - CASING SIZE	

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.)\*

CORRECTED CASING SIZE - FROM: 4-1/2"  
TO: 5-1/2" (Ran 117 jts 15.5# J-55 casing set 4700')

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE  
NM 2593  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Ed Powell IG Federal  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
Leonard Queen, South  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit D, Sec. 18-T26S-R38E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3005' GR

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ericida Goodlet TITLE Production Supervisor DATE 3-29-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY GWA TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

MAY 16 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

REC-11

MAY 22 1984

O.C.D.  
HOBBS OFFICE