

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF COMPLETION:		OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR		S. P. Yates		9. WELL NO.	
3. ADDRESS OF OPERATOR		309 Carper Building, Artesia, New Mexico		2-Y	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 910' FAL & 1025' FAL of Section 12-208-26E		10. FIELD AND POOL, OR WILDCAT	
At top prod. interval reported below				Under 3/8" mc millman	
At total depth				11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA	
				Section 12-208-26E NEPM	
				Unit M	
		14. PERMIT NO.		12. COUNTY OR PARISH	
		DATE ISSUED		13. STATE	
				New Mexico	
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
8/5/65		8/5/65		8/11/65	
18. ELEVATIONS (DF. REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
3270'					
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
74'					
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE	
Rotary Tools and Air		Seven Rivers Dolomite 67'-74'		No	
26. TYPE ELECTRIC AND OTHER LOGS RUN		None		27. WAS WELL CORED	
				No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	
4"	line pipe	63"	7 3/8"	4 sacks	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	ARCKER SET (MD)			
2 7/8"	63'				
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
NONE			RECEIVED		
AUG 17 1965			AMOUNT AND KIND OF MATERIAL USED		
B. E. C.					
ARTESIA, OFFICE					
33. PRODUCTION					
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)			
8/11/65	Pumping	Producing			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
8/11/65	24 hours			24	None
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY		
			Glenn Loyd		
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED		TITLE		DATE	
R. E. Norman		Geologist		8/13/65	

***(See Instructions and Spaces for Additional Data on Reverse Side)**

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Seven Rivers Dolomite	67		74 Produces oil with water	Yates (surface) 20' Seven Rivers Dolomite			