

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See ot. n-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC-065658	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESV. ☒ Other <u>Wtr. Inj. well conv. to prodn</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Anadarko Petroleum Corporation		7. UNIT AGREEMENT NAME Teas Yates Unit	
3. ADDRESS OF OPERATOR P.O. Drawer 130, Artesia, NM 88211-0130 (505) 748-3368		8. FARM OR LEASE NAME Tract #5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 1650' FWL At top prod. interval reported below same At total depth same		9. WELL NO. 3	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Teas Yates 7-Rivers	
15. DATE SPUDDED 11/12/53		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 14 - ²⁰ T23S - R33E	
16. DATE T.D. REACHED --		12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) --		13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3582.4 GL		19. ELEV. CASINGHEAD --	
20. TOTAL DEPTH, MD & TVD 3392'		21. PLUG, BACK T.D., MD & TVD 3310'	
22. IF MULTIPLE COMPL., HOW MANY* --		23. INTERVALS DRILLED BY --	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3150'-70', 3184'-87' & 3198'-3209' 7-Rivers		25. WAS DIRECTIONAL SURVEY MADE --	
26. TYPE ELECTRIC AND OTHER LOGS RUN --		27. WAS WELL CORED --	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"		3330'	
4 1/2"		3397'	
			CEMENTING RECORD
			350sx
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			30. TUBING RECORD
			SIZE
			2 1/2"
			DEPTH SET (MD)
			3220'
			PACKER SET (MD)
			None
31. PERFORATION RECORD (Interval, size and number)			
3150' - 70' (2 SPF)			
3184' - 87' (26 holes)			
3198' - 3209'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
No stimulation		during January, 1991	
33.* PRODUCTION			
DATE FIRST PRODUCTION 01/25/91		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
DATE OF TEST 01/26/91		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD 0	GAS—MCF. TSTM
FLOW. TUBING PRESS. 50	CASING PRESSURE 50	WATER—BBL. 300	GAS-OIL RATIO --
CALCULATED 24-HOUR RATE 0		OIL GRAVITY-API (CORR.) --	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Used for fuel with surplus sold			
35. LIST OF ATTACHMENTS 3160-5 (Subsequent Report)			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>James E. Snobles</u>		TITLE Area Supervisor	
DATE 01/31/91			

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
--	--	--	Not Applicable	--	--	--