

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 ☐		7. UNIT AGREEMENT NAME Teas Yates Unit	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME Tract No. 14	
2. NAME OF OPERATOR Anadarko Production Company		9. WELL NO. 2	
3. ADDRESS OF OPERATOR Box 806, Eunice, New Mexico 88231		10. FIELD AND POOL, OR WILDCAT Teas Yates	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FSL & 2310' FEL At top prod. interval reported below Same At total depth Same		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 14-T20S-R33E	
14. PERMIT NO. 5-13-74		12. COUNTY OR PARISH Lea	
15. DATE SPUDDED 5-29-74		13. STATE New Mexico	
16. DATE T.D. REACHED 11-10-74		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3602' DF	
17. DATE COMPL. (Ready to prod.) 11-10-74		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3445'		21. PLUG, BACK T.D., MD & TVD 3425'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3212-3280 and 3316-3334 Yates		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray- Acoustilog & Caliper. Cnt. Bond & PFC log.		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10-3/4"	32.75	513	11-3/4"
4 1/2"	10.50	3455'	7-7/8"
CEMENTING RECORD		AMOUNT PULLED	
456 sks. Circ. to Sur.		None	
765 sks.		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)		
2-3/8"	3340'	None	
31. PERFORATION RECORD (Interval, size and number)			
3212-3280' w/22 .4 dia.			
3316-3334' w/10 .4 dia.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3212'-3334'		54,000 gals Gelled lse crude	
		60,000# 20/40 & 11.2504	
		10/20 sand.	
33.* PRODUCTION			
DATE FIRST PRODUCTION 10-10-74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
DATE OF TEST 11-10-74		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKE SIZE None	PROD'N. FOR TEST PERIOD 6	GAS—MCF. TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	WATER—BBL. 12
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		OIL GRAVITY-API (CORR.)	
35. LIST OF ATTACHMENTS		TEST WITNESSED BY Joe Allen	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED B. Anderson		TITLE Area Supervisor	
		DATE 3-11-75	

*** (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	TRUE VERT. DEPTH
Yates	3200	3460		Anhydrite	1380'	
				Salt	1530'	
				Yates	3200'	
				Seven Rivers	3460'	