

Form approved.  
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other <input type="checkbox"/> P&A		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>		8. FARM OR LEASE NAME Duoro AAX Federal	
2. NAME OF OPERATOR Yates Petroleum Corporation		9. WELL NO. 1	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		10. FIELD AND POOL, OR WILDCAT Wildcat	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FSL & 1980 FEL, Sec. 27-T3N-R19E At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Unit J, Sec. 27-3N-19E	
14. PERMIT NO.		DATE ISSUED	
12. COUNTY OR PARISH Guadalupe		13. STATE NM	
15. DATE SPUDDED 2-19-85	16. DATE T.D. REACHED 3-10-85	17. DATE COMPL. (Ready to prod.) -	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5450' GR
19. ELEV. CASINGHEAD	20. TOTAL DEPTH, MD & TVD 4660'		
21. PLUG, BACK T.D., MD & TVD -		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)* Dry		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC; DLL		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
20"		40'	26"
10-3/4"	40.5#	897'	17-1/2"
CEMENTING RECORD		AMOUNT PULLED	
1500 SX			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size, etc.)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
ACCEPTED FOR RECORD PETER W. CHESTER APR 10 1985 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA		DEPTH INTERVAL (MD)	
		AMOUNT AND KIND OF MATERIAL USED	
33.*		PRODUCTION	
DATE FIRST PRODUCTION		pumping—size and type of pump	
DATE OF TEST		WELL STATUS (Producing or shut-in)	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.
			GAS—MCF.
			WATER—BBL.
			GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
35. LIST OF ATTACHMENTS Deviation Survey			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Santa Doodlet		TITLE Production Supervisor	
		DATE 3-20-85	

**\* (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 FORTH ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				NAME	MEAN. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		TRUE VERT. DEPTH
			DST #1 3647-3705': Mistrun.	San Andres Yeso Abo Precambrian	Surface 1224 2398 4530