

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(If herin-
st ons on
reverse side)

C:5K 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 ☐

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 South 4th Street - Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1980' FNL & 1980' FWL of Sec. 12-6S-25E

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.

NM-10263

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Thomas "LN" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 12-6S-25E

Unit F NMPM

12. COUNTY OR PARISH
Chaves

13. STATE
NM

15. DATE SPUDDED 8-29-79 16. DATE T.D. REACHED 9-14-79 17. DATE COMPL. (Ready to prod.) 11-10-79 18. ELEVATIONS (DF, REB. RT, GR, ETC.)* 3818' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 5144' 21. PLUG, BACK T.D., MD & TVD 4065' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-5144' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3968-3990' Abo 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC, 27. WAS WELL CORRED Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54#	356'	17 1/2"	350 sacks	
8-5/8"	24#	1497'	12 1/4"	1100 sacks	
5 1/2"	14#	5144'	7-7/8"	500 sacks	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	3924'	3924'

31. PERFORATION RECORD (Interval, size and number)

3968-90' w/44 .32" holes (25pf)

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ARTESIA, NEW MEXICO

33.* PRODUCTION

DATE FIRST PRODUCTION 11-10-79 PRODUCTION (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) SIVOPLC

DATE OF TEST 11-10-79 HOURS TESTED 3 CHOKE SIZE 1/2" PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. 150 WATER—BBL. GAS-OIL RATIO

FLOW. TUBING PRESS. 190# CASING PRESSURE Pkr CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. 1200 WATER—BBL. OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented will be sold TEST WITNESSED BY Harvey Apple

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 Geol. Secty DATE 11-20-79

*(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
				San Andres	596'	
				Glorieta	1455'	
				Abo	3671'	
				Wolfcamp	4343'	
				Penn	4922'	

RECEIVED

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ARTESIA, NEW MEXICO

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