

UNITED STATES

SUBMIT IN DUP TE\*

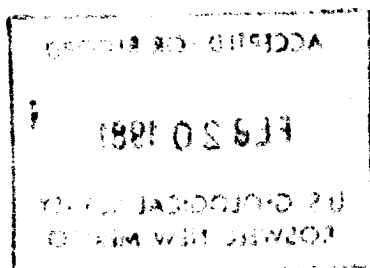
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.0

\*AMENDED REPORT

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-10263	
2. 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 _____		6. IF INDIAN, ALLOTTEE OR TRISH NAME _____	
3. NAME OF OPERATOR Yates Petroleum Corporation		7. UNIT AGREEMENT NAME _____	
4. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		8. FARM OR LEASE NAME Thomas LN Federal	
5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FNL & 2310' FWL At top prod. interval reported below At total depth		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Unit F, Sec. 12, T6S, R2E		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA	
12. PERMIT NO. _____ DATE ISSUED _____		13. COUNTY OR PARISH Chaves	
14. DATE SPUDDED 6-4-80		15. DATE T.D. REACHED 6-6-80	
16. DATE COMPL. (Ready to prod.) Dry Hole		17. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 3803.1' GR	
18. TOTAL DEPTH, MD & TVD 1200'		19. ELEV. CASINGHEAD	
20. PLUG BACK T.D., MD & TVD		21. IF MULTIPLE COMPL., HOW MANY*	
22. INTERVALS DRILLED BY 0-1200'		23. ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1032-1/2-1134-1/2 - San Andres		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN *Gamma Ray - Neutron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8-5/8"	20#	296'	12-1/4"
4-1/2"	9.5#	1200'	7-7/8"
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 and number) 1032-1/2-1134-1/2'w/12 .50" holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
1032-1/2-1134-1/2		Spt'd acid on perfs. Treated w/1500 g. 15% acid plus ball sealers.	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
DATE OF TEST		HOURS TESTED	
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
OIL—BBL.		GAS—MCF.	
WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASINO PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
35. LIST OF ATTACHMENTS Deviation Survey			
36. I hereby certify that the foregoing and attached information is complete and correct as determined by me.			
SIGNED <u>W. A. [Signature]</u> TITLE <u>Engineering Secretary</u> DATE <u>Jan. 19, 1981</u>			

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



**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 report 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 33.

**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	TOP
				San Andres	590		