

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 2351	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		8. FARM OR LEASE NAME Federal HY	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310 FNL & 1780 FWL, Sec. 34-7S-25E At top prod. interval reported below At total depth		9. WELL NO. 5	
14. PERMIT NO. O.C.D.		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
15. DATE SPUDDED 11-6-82		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Unit F, Sec. 34-T7S-R25E	
16. DATE T.D. REACHED 11-20-82		12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to produce) 12-8-82		13. STATE NM	
18. ELEVATIONS (DF, RBE, RT, GR, ETC.)* 3579.5' GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 4100'		21. PLUG, BACK T.D., MD & TVD 3993'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS 0-4100'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3747-3887' Abo		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
10-3/4"	40.5#	574'	14-3/4"
7"	20#	1599'	9-7/8"
4-1/2"	9.5#	4083'	6-1/4"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	3682'	3682'	
31. PERFORATION RECORD (Interval, size and number) 3747-3887' w/16 .40" holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3747-3887'		w/1500 g. 7 1/2% acid + balls. SF w/20000g. gel KCL wtr, 30000# 20/40 sd.	
33.* PRODUCTION			
DATE FIRST PRODUCTION 12-8-82		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) SIWOPLC			
DATE OF TEST 12-8-82	HOURS TESTED 4	CHOKE SIZE 3/8"	PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO
FLOW. TUBING PRESS. 200	CASING PRESSURE Packer	CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Will be sold			
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 <u>Quanta Goodlett</u> TITLE <u>Production Supervisor</u> DATE <u>12-9-82</u>			

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

and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, 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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				San Andres	410	
				Glorieta	1415	
				Abo	3539	