

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

NM OIL CONS. COMMISSION

Drawer DD

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

Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO.

NM 20342

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

James "YY" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

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

Unit D, Sec. 3-T6S-R26E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1a. TYPE OF WELL:

OIL WELL ☐GAS WELL ☐DRY ☒

Other P&A

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 St., Artesia, NM 88210

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

At surface 660 FSL & 750 FWL, Sec. 3-T6S-R26E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

3-27-84

16. DATE T.D. REACHED

4-6-84

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

3629.1' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

4300'

21. PLUG, BACK T.D., MD & TVD

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22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

10-4300'

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	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	950'	14-3/4"	650	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

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

DATE OF TEST	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—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

ACCEPTED FOR RECORD

PETER W. CHESTER

MAY 2 1984

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

TITLE

Production Supervisor

DATE 4-9-84

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

