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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYNM SUBMIT IN DUPL. FEASIBILITY  
(See other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

## 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 1980 FSL &amp; 1593 Sec. 21-T8S-R23E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

## 15. DATE SPUDDED

1-30-85

## 16. DATE T.D. REACHED

2-12-85

## 17. DATE COMPL. (Ready to prod.)

3-29-85

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

3982' GR

## 19. ELEV. CASINGHEAD

## 20. TOTAL DEPTH, MD &amp; TVD

3500'

## 21. PLUG, BACK T.D., MD &amp; TVD

3428'

## 22. IF MULTIPLE COMPL., HOW MANY\*

→

## ROTARY TOOLS

X

## CABLE TOOLS

## 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

2954-3067' Abo

## 25. WAS DIRECTIONAL SURVEY MADE

No

## 26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC; DLL

## 27. WAS WELL CORRED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"		40'	26"		
13-3/8"	68#	177'	17 1/2"	175 SX	
8-5/8"	24#	1093'	12 1/4"	775 SX	
4 1/2"	11.6#	3500'	7-7/8"	650 SX	

## 29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	2903'	2903'

## 31. PERFORATION RECORD (Interval, size and number)

2954-3067' w/16 .42" Holes

ACCEPTED FOR RECORD  
PETER W. CHESTER

APR 9 1985

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2954-3067'	w/2000g. 7 1/2% acid + ball sealers. SF w/40000g. gel KCL wtr, 80000# 20/40 sd.

## 33.\*

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping, etc. and type of pump)	WELL STATUS (Producing or shut-in)
3-29-85	Flowing	SIWOPLC

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-29-85	6	3/8"	→	-	181	-	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
200	Pkr	→	-	725	-	-	-

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

Vented - Will be sold

## TEST WITNESSED BY

David Weaver

## 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

*Guillermo D. Doolittle*

TITLE

Production Supervisor

DATE

4-1-85

\*(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.)

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## 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

## TOP

## TRUE VERT. DEPTH

San Andres  
Glorieta  
Yeso  
Abo

Surface  
810  
978  
2900