

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)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 _____				5. LEASE DESIGNATION AND SERIAL NO. NM 0284972	
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 Jack L. McClellan				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 848, Roswell N.M. 88201				8. FARM OR LEASE NAME Yates BB Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below At total depth 330' FNL and 1650' FWL				9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 5/13/70 16. DATE T.D. REACHED 5/30-70 17. DATE COMPL. (Ready to prod.) 1 5/30/70 P & A				11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA Sec. 27-T15S-R29E	
18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 3840' G.L.				12. COUNTY OR PARISH Chaves	
19. ELEV. CASINGHEAD _____				13. STATE N.M.	
20. TOTAL DEPTH, MD & TVD 1825'		21. PLUG. BACK T.D., MD & TVD _____		22. IF MULTIPLE COMPL., HOW MANY? _____	
23. INTERVALS DRILLED BY _____		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None		25. WAS DIRECTIONAL SURVEY MADE None	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron Logs in Open Hole		27. WAS WELL CORED No.			
28. CASING RECORD (Report all strings set in well)					
CASING SIZE 8 5/8"	WEIGHT, LB./FT. 20#	DEPTH SET (MD) 308'	HOLE SIZE 10"	CEMENTING RECORD 50 Sacks	AMOUNT PULLED 54'
29. LINER RECORD					
SIZE None	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) None					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) RECEIVED JUN-4-1970 U.S. GEOLOGICAL SURVEY					
33. PRODUCTION					
DATE FIRST PRODUCTION None	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.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
35. LIST OF ATTACHMENTS 2 Copies of Log to be forwarded to USGS By Logging Company					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED Lune Milford		TITLE Prod. Supt.		DATE 6-3-70	

*(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.)

PLEASE HOLD TOPS CONFIDENTIAL

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	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	1790	1799	Red and Gray Sand, Water.	T. Salt B. Salt Yates 7 Rivers Queen	472 872 1040 1588 1790	