

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form Approved
Budget Bureau No. 4-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		1b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>	
2. NAME OF OPERATOR Yates Petroleum Corporation			
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, NM 88210			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FNL & 2310' FEL of Sec. 27-17S-25E At top prod. interval reported below At total depth			
14. PERMIT NO. DATE ISSUED OCT 20 1976			
15. DATE SPUDDED 9-23-76		16. DATE T.D. REACHED 10-1-76	
17. DATE COMPL. (Ready to prod.) 10-14-76		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3525' GR	
20. TOTAL DEPTH, MD & TVD 1500'		21. PLUG, BACK T.D., MD & TVD 1469'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1332-1440' San Andres		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron		27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10-3/4"	40#	260'	15"
7"	20#	1188'	9 1/2"
4 1/2 & 5 1/2"	9.5 & 15.5#	1469'	6 3/4"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	1305'		
31. PERFORATION RECORD (Interval, size and number) 1332-1440' w/26 .50 shots			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
1332-1440'		60000g gelled KCL	
		90000# sand, 70000# 20-40,	
		20000# 100 mesh	
33. PRODUCTION			
DATE FIRST PRODUCTION 10-14-76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
DATE OF TEST 10-17-76		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	
		OIL—BBL. 39.1	GAS—MCF. 24.7
FLOW. TUBING PRESS. 35#	CASING PRESSURE	CALCULATED 24-HOUR RATE →	
		OIL—BBL. 39.1	GAS—MCF. 24.7
		WATER—BBL. 13.3	BLW 633/1
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Christie Johnson		TITLE Geol. Secty	
		DATE 10-18-76	

*(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.)

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 WEST DEPTH
				San Andres	756	

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GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other Instructions on reverse side)Form approved
Budget Bureau No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 27911

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "BX"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Eagle Creek S. A.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASec. 27-17S-25E
Unit G NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

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OCT 20 1976

O.C.C.
ARTESIA OFFICE1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 4th Street - Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.
See also space 17 below.)
At surface

1650' FNL & 2310' FEL of Sec. 27-17S-25E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3525' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set Prod. Csg.

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

TD 1500' - PBTD 1469'

Ran 13 joints of 4½" 9.5# H-40 (525'), 24 joints of 5½" 15.5# J-55 (943') (Total 37 joints 1468') set at 1469'. 1-Guide shoe, 5 centralizers at 1429, 1388, 1348, 1307, 1267'. Cemented w/150 sacks of Class C cement. Cement circulated. PD 2:30 PM 10-2-76. WOC and tested to 1000#. OK. Perforated 1332-1440' w/26 .50" shots as follows: 1st Stage: -1335, 43, 64, 71, 75, 79, 83, 87, 1408, 21, 29, 37 (12 shots). 2nd Stage: - 1332, 40, 46, 61, 68, 73, 77, 81, 85, 1405½, 18, 26, 33, 40 (14 shots). Treated all perforations w/60000 gallons of gelled KCL, 90000# sand, 70000# 20-40, 20000# 100 mesh.

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Christine Tomlinson

TITLE

Geol. Secty

DATE

10-15-76

(This space for Federal or State office use)

APPROVED BY

Joe D. Lara

TITLE

ADJUTANT DISTRICT ENGINEER

DATE

OCT 18 1976

CONDITIONS OF APPROVAL, IF ANY:

— *Journal of the American Medical Association*