

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

U.S.G.S. COPY

SUBMIT IN DUPLICATE

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 <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA		
b. 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 _____
2. NAME OF OPERATOR		Owen Haynes				12. COUNTY OR PARISH	
3. ADDRESS OF OPERATOR		805 W. Missouri, Artesia, NM 88210				Eddy	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 980' from the North Line and 990' from the West Line Sec. 35 T17S R27E Empire Yates Seven Rivers				13. STATE	
14. PERMIT NO.		DATE ISSUED				NM	
15. DATE SPUDDED		16. DATE T.D. REACHED				17. DATE COMPL. (Ready to prod.)	
4-26-79		6-7-79				6-13-79 TA	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD				20. TOTAL DEPTH, MD & TVD	
410'		21. PLUG, BACK T.D., MD & TVD				22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS				CABLE TOOLS	
X		X				X	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)		407-410 Yates Seven Rivers				25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORED				No	
28. CASING RECORD (Report all strings)		29. LINER RECORD				30. TUBING RECORD	
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
7"		17 lbs		252'		9 5/8"	
4 1/2"		9.5		406'		6 1/4"	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				AMOUNT PULLED	
None 406-410		DEPTH INTERVAL (MD)				252'	
		406-410				1000 Gal 15% H.C.I 6-13-79	
		406-410				2000 Gal " " 7-9-79	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				Barr & Haynes	
6-13-79		Pumping 2 x 1 1/4 x 6' 20 pressure Act.				4-3-79	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
6-13-79		48		3/4" Line		OIL—BBL.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
						GAS—MCF.	
						WATER—BBL.	
						OIL GRAVITY-API (CORR.)	
						34	
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	
						Bookkeeper	
						DATE	
						7-12-79	

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