

NMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

er in-  
s on  
reverse side)Copy to 87  
Form Approved  
Budget Bureau No. 42-R355.6.

## 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 _____		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <u>Re-entry</u>
2. NAME OF OPERATOR Yates Petroleum Corporation						5. LEASE DESIGNATION AND SERIAL NO. NM 13731	
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, NM 88210						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 330' FWL of Section 28-18S-27E At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. <u>MAY 22 1978</u> DATE ISSUED						8. FARM OR LEASE NAME Gorman "JP" Federal	
15. DATE SPUDDED 4-4-60						9. WELL NO. 1	
16. DATE T.D. REACHED 5-1-60						10. FIELD AND POOL, OR WILDCAT East Dayton Grayburg	
17. DATE COMPL. (Ready to prod.) 5-10-78						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 28-18S-27E Unit L NMPM	
18. ELEVATIONS (DF, RKE, RT, CR, ETC.)* ARTESIA, OFFICE 3388' GR						12. COUNTY OR PARISH Eddy	
19. ELEV. CASINGHEAD						13. STATE NM	
20. TOTAL DEPTH, MD & TVD 1680'		21. PLUG, BACK T.D., MD & TVD COTD 1661'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Reverse Unit	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1657-1659' (Original Perforations) Grayburg						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Sonic (Original)						27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		Refer to orig		131'		Refer to	
5 1/2"		Comp		1678'		original	
						Comp.	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2-3/8"		1635					
31. PERFORATION RECORD (Interval, size, etc.)							
1657-1659							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
1657-1659				Originally Sand Frac'd w/53000# sand			
33.* PRODUCTION							
DATE FIRST PRODUCTION 5-10-78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 5-16-78		HOURS TESTED 24		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
						6	
						TSTM	
						1	
						33.0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY Johnnie Morgan	
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 <u>Christine Tomlinson</u>		TITLE <u>Geol. Secty</u>		DATE <u>5-17-78</u>			

\*(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 POROSITY ZONES:				38. GEOLOGIC MARKERS	
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				NAME	TOP
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		MEAS. DEPTH
					TRUE VERT. DEPTH
			Refer to original Completion Dated 6-3-60		