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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION

NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

207 South 4th Street - Artesia, NM 88210

4. Location of Well

UNIT LETTER A LOCATED 330 FEET FROM THE North LINE AND 960 FEET FROM

THE East LINE OF SEC. 28 TWP. 18S RGE. 26E NMPM

7. Unit Agreement Name

8. Farm or Lease Name

Dayton "FI"

9. Well No.

1

10. Field and Pool, or Wildcat

Atoka S.A.

12. County

Eddy

15. Date Spudded

2-3-76

16. Date T.D. Reached

2-8-76

17. Date Compl. (Ready to Prod.)

3-2-76

18. Elevations (DF, RKB, RT, GR, etc.)

3373' CR

19. Elev. Casinghead

20. Total Depth

1890'

21. Plug Back T.D.

1877'

22. If Multiple Compl., How Many

23. Intervals Drilled By

Rotary Tools
0-1890

Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name

1539-1675' San Andres

25. Was Directional Survey Made

No

26. Type Electric and Other Logs Run

Gamma Ray Neutron

27. Was Well Cored

No

28.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"	32#	376'	15"	200 sacks	
7"	20#	1230'	9 1/2"	500 sacks	
4 1/2 & 5 1/2"	10.5 & 15.5#	1877'	6 1/4"	175 sacks	

29.

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-3/8"	1522'	

31. Perforation Record (Interval, size and number)

1539-1675' w/33 0.45" shots

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1543-1674'	A/C w/3000g 15% reg acid
1539-1675	60000g treated wtr. &
	100000# 20-40 sand

33.

PRODUCTION

Date First Production 3-2-76		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumped				Well Status (Prod. or Shut-in) Producing	
Date of Test 3-12-76	Hours Tested 24	Choke Size	Prod'n. For Test Period →	Oil - Bbl. 17.2	Gas - MCF 28.0	Water - Bbl. 12.2 BLW	Gas - Oil Ratio 1630/1
Flow Tubing Press. 32	Casing Pressure 32	Calculated 24-Hour Rate →	Oil - Bbl. 17.2	Gas - MCF 28.0	Water - Bbl. 12.2 BLW	Oil Gravity - API (Corr.) 39.1	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold

Test Witnessed By

Bill Trembley, Jr.

35. List of Attachments

Deviation Survey enclosed

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED

Christine Tomlinson

TITLE

Geol. Secty

DATE

3-16-76

100

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 896	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	287	287	Surface & gravel				
287	376	89	Red bed and shells				
376	730	354	Red bed				
730	888	158	Lime and hard sand				
888	988	100	Lime, shell & anhy				
988	1230	242	Lime				
1230	1783	553	Lime and sand				
1783	1890	107	Lime				

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no

18. Accumulative total displacement of well bore at total depth of 1890 feet = 31.34 feet

*19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

20. Distance from surface location of well to the nearest lease line ----- feet.

21. Minimum distance to lease line as prescribed by field rules _____ feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever?

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

I. W. Lovelady, President

Name of Person and Title (type or print)

Byrd Drilling Company.

Name of Company

Telephone: 1-915
Area Code

563-2023

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 605-C, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) in the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone: _____
Area Code _____