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LAND OFFICE	
OPERATOR	1

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

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JUL 8 1977

10. TYPE OF WELL

OIL WELL ☐

GAS WELL ☐

DRY ☐

OTHER ☒ C.C.

ARTESIA, OFFICE

* OTHER P & A

5a. Indicate Type of Lease

State ☐

Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

Yates "AS" Fee

9. Well No.

5

10. Field and Pool, or Wildcat

Penasco Draw (S.A.)

b. TYPE OF COMPLETION

NEW WELL ☐

WORK OVER ☐

DEEPEN ☐

PLUG BACK ☐

DIFF. RESVR. ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

207 South Fourth Street - Artesia, NM 88210

4. Location of Well

UNIT LETTER I LOCATED 2200 FEET FROM THE South LINE AND 330 FEET FROM

THE East LINE OF SEC. 26 TWP. 18S RGE. 25E NMDM

Eddy

15. Date Spudded

6-18-77

16. Date T.D. Reached

17. Date Compl. (Ready to Prod.)

* P & A 6-27-77

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

3470' GR

19. Elev. Casinghead

20. Total Depth

822'

21. Plug Back T.D.

22. If Multiple Compl., How Many

23. Intervals Drilled By

Rotary Tools

Cable Tools

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

* Last bit in hole could not recover

25. Was Directional Survey Made

26. Type Electric and Other Logs Run

27. Was Well Cased

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# J-55	359'	15"	300 sacks	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

30. TUBING RECORD

31. Perforation Record (Interval, size and number)

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

DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)					Well Status (Prod. or Shut-in)	
						P & A	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	

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

Test Witnessed By

35. List of Attachments

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.

D. J. J.

Geological Secretary

7-7-77

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Northwestern New Mexico

OIL OR GAS SANDS OR ZONES

IMPORTANT WATER SANDS

No. 1, from.....to.....feet.

No. 2, from.....to.....feet.

No. 3, from.....to.....feet.

No. 4, from.....to.....feet.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	359	359	Surface rock & red bed				
359	822	463	Red bed.				

RECEIVED
TEXAS

JUL 11 1977

O. C. C.
ARTESIA, OFFICE

1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	3. WELL NAME
Penasco Draw (San Andres)	Yates "AS" Fee	Artesia, OFFICE
3. OPERATOR		8. Well Number
YATES PETROLEUM CORPORATION		5
4. ADDRESS		9. RRC Identification Number (Gas completions only)
207 SOUTH FOURTH STREET, ARTESIA, NEW MEXICO 88210		
5. LOCATION (Section, Block, and Survey)		10. County
2200' ESL & 330' FEL of Section 26-18S-25E		Eddy

[illegible]

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 3591 feet = 1,58 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.)

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 8036c, 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 (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone. _____
Area Code _____

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.