

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other RE-COMPLETION

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other RE-COMPLETION

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 660 FSL & 660 FBL, Sec. 29-T19S-R24E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

O. C. D. API#30-015-25367

12. COUNTY OR PARISH

Eddy

13. STATE

NM

15. DATE SPUNDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

Re-Completion

10-24-85

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12-16-85

3790' GR

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

7680'

7395'

→

X

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE

6302-12' Wolfcamp

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC; DLL

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54.5#	319'	17-1/2"	200 sx (in place)	
8-5/8"	24#	1385'	12-1/4"	595 sx (in place)	
5-1/2"	17#	7680'	7-7/8"	770 sx (in place)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	6250'	6260'

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

6308-12' w/16 .42" holes
6302-06' w/10 .25" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6308-12'	w/1500g. 15% acid + N ₂ .
6302-06'	w/2000g. Westpad A, 15000g. 15% Retarded acid.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
11-7-85		Pumping				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-16-85	24	Open	→	10	-0-	1	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
15#	15#	→	10	-0-	1	-	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

None

TEST WITNESSED BY

Tracy Richardson

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Production Supervisor

DATE

12-19-85

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