

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLIC.

(See 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 ☐	GAS WELL ☐	DRY ☒	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other <u>P & A</u>
2. NAME OF OPERATOR <u>S. P. Yates</u>							
3. ADDRESS OF OPERATOR <u>309 Carper Building, Artesia, New Mexico 88210</u>							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface <u>1155' FSL & 1815' FWL of Section 12-208-26E</u> At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED <u>10.14/65</u>		16. DATE T.D. REACHED <u>10/15/65</u>		17. DATE COMPL. (Ready to prod.) <u>11/22/65</u>		18. ELEVATIONS (DF, RKB, RT GR, ETC.) <u>3279' GR</u>	
20. TOTAL DEPTH, MD & TVD <u>90'</u>		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY <u>and air</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE <u>No</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>None</u>						27. WAS WELL CORED <u>No</u>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
<u>None</u>							
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
RECEIVED				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
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 foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>T. C. McMillan</u>		TITLE <u>Geologist</u>			DATE <u>12/6/65</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.), formations and/or State office. See instructions on items 22 and 24, and 25, below regarding separate reports and attachments. 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.

12.000 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. (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in each item and in each column.

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.

For each additional interval to be separately produced, showing the additional data pertinent to such interval, the details of any multiple stage cementing and the location of the cementing tool.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details in any multiple stage cementing and the location of the

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 POROUS ZONES: 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		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
	0	10	Caliche, Red Clay and Sand
	10	20	Gypsum and Clay
	20	25	Limestone, Clay and Red Sand
	25	40	Dolomite and Clay
	40	70	Dolomite with occasional streaks of Shale
	70	75	Sandy Shale and Sand
	75	76	Dolomite, Shale and Sand
	76	77	NO SAMPLE
	77	90	Dolomite
			<u>7 Rivers Dolomite</u> 25'