

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R355.5.

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 _____				5. LEASE DESIGNATION AND SERIAL NO. NM 05110-A	
1b. 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 P & A				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR S. P. Yates				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 309 Carper Building - Artesia, New Mexico 88210				8. FARM OR LEASE NAME Galvin	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 825 FSL and 1155 FWL of Section 12-20S-26E At top prod. interval reported below At total depth				9. WELL NO. 9	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT W. McMillan 7 Rivers	
15. DATE SPUDDED 10-12-65				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12-20S-26E	
16. DATE T.D. REACHED 10-13-65				12. COUNTY OR PARISH Eddy	
17. DATE COMPL. (Ready to prod.)				13. STATE N. M.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3270 GR				19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 73		21. PLUG, BACK T.D., MD & TVD		23. INTERVALS DRILLED BY and Air	
22. IF MULTIPLE COMPL., HOW MANY*				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 72-73'	
25. WAS DIRECTIONAL SURVEY MADE No				26. TYPE ELECTRIC AND OTHER LOGS RUN Sample Log	
27. WAS WELL CORED No				28. CASING RECORD (Report all strings set in well)	
CASINO SIZE 5-1/2"		WEIGHT, LB./FT. 14#		DEPTH SET (MD) 30'	
HOLE SIZE 7-3/8"		CEMENTING RECORD Not cemented		AMOUNT PULLED	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
NOV 9 1966 O. C. C.					
33. PRODUCTION					
DATE FIRST PRODUCTION Dry		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
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 Richard C. Norman		TITLE Geologist		DATE 11-7-66	

*(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:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CURSION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Soil	0	15	Clay, red, silty
Yates	15	20	Gypsum with some red clay
	20	35	Sand gray argillaceous
	35	40	Shale gray
Seven Rivers	40	45	Dolomite
	45	55	Shale gray silty
Dolomite	55	76	Dolomite light gray to gray with staining in bottom 10 feet.

38.

GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Seven Rivers			
Dolomite	40		