

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 type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DEEP. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR Harvey E. Yates							
3. ADDRESS OF OPERATOR 305 Carper Bldg., Artesia, N.M.							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' fr Last and 1650 fr South At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 12-16-66				16. DATE T.D. REACHED 2-25-66			
17. DATE COMPLETION (Ready to prod.)				18. ELEVATIONS (DF, RKB, FT, GB, ETC.)* 3241			
19. ELEV. CASINGHEAD				20. TOTAL DEPTH, MD & TVD 929'			
21. PLUG. BACK T.D., MD & TVD				22. IF MULTIPLE COMPLET., HOW MANY*			
23. INTERVALS DRILLED BY				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None Dry			
25. WAS DIRECTIONAL SURVEY MADE				26. TYPE ELECTRIC AND OTHER LOGS RUN None			
27. WAS WELL CORED				28. WAS WELL CORED No			
29. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
7"	20#	410'	8"	100 sks			
30. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				RECEIVED			
				MAR 14 1967			
33. PRODUCTION							
DATE FIRST PRODUCTION		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.	WATER—GAL.
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—GAL.	GAS-OIL RATIO
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY			
35. LIST OF ATTACHMENTS				U. S. GEOLOGICAL SURVEY			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		TITLE		DATE		March 13, 1967	

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