

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. N.M. 04219	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <u>SI Waiting on Waterflood</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR S. P. Yates		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 207 South 4th Street- Artesia, New Mexico 88210		8. FARM OR LEASE NAME Anderson	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>SW SE 2310' FEL &amp; 990' FSL of Sec. 11-20S-26E</u> West At top prod. interval reported below At total depth		9. WELL NO. 3	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 9-12-69		16. DATE T.D. REACHED 9-24-69	
17. DATE COMPL. (Ready to prod.) 10-4-69		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3281 GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 556'	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ROTARY TOOLS		CABLE TOOLS 0'-556'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Queen 531-539 - (Shut In Waiting on Waterflood)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Radioactivity Log		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
12-3/4"	32#	20'	15 1/2"
8 5/8"		220'	10 3/4"
5 1/2"	14#	528'	8"
CEMENTING RECORD		AMOUNT PULLED	
Ready Mix to surface		Pulled	
Set			
100 sx			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)		
31. PERFORATION RECORD (Interval, size and number) Open Hole 523-556'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		AMOUNT AND KIND OF MATERIAL USED	
DEPTH INTERVAL (MD) 528-556'		250 gal 15% Reg. Acid.	
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—BBL.		OIL GRAVITY-API (CORR.)	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE			
OIL—BBL.		GAS—MCF.	
WATER—BBL.			
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>Emilio Luey</u>		TITLE <u>Agent</u>	
DATE <u>12-5-69</u>			

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



**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, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 3d.

**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 interval(s), 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.)

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

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