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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(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 _____		5. LEASE DESIGNATION AND SERIAL NO. NM-0491922	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Harvey E. Yates Company		7. UNIT AGREEMENT NAME McMillan Federal	
3. ADDRESS OF OPERATOR Suite 1000-Security Nat'l Bank Bldg. - Roswell, NM 88201		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FNL & 330' FEL of Section 1, T-20S, R-26E At top prod. Interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 4/30/74		16. DATE T.D. REACHED 5/13/74	
17. DATE COMPL. (Ready to prod.) 5/23/74		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3392	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 283'	
21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Seven Rivers (255'-283')	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) Open hole completion 245' - 283'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 245'-283' AMOUNT AND KIND OF MATERIAL USED 12 bbls. water 250 gals. 15% XF-63 acid	
33. PRODUCTION DATE FIRST PRODUCTION 5/30/74 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 2" x 1 1/2" x 6' insert WELL STATUS (Producing or shut-in) Producing DATE OF TEST 24 hrs. HOURS TESTED 24 hrs. CHOKER SIZE 10 ho PROD'N. FOR TEST PERIOD 10 bbl. OIL—BBL. 10 bbl. GAS—MCF. ----- WATER—BBL. ----- GAS/OIL RATIO ----- FLOW. TUBING PRESS. NA CASING PRESSURE NA CALCULATED 24-HOUR RATE 10 bbl. OIL—BBL. ----- GAS—MCF. ----- WATER—BBL. ----- OIL GRAVITY-API (CORR.) -----		34. DISPOSAL OF GAS (Sold, used for fuel, vented, etc.) TSTM 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 [Signature] TITLE Vice President DATE 12/5/74	

*(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 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Seven Rivers	255		Dolomite			

RECEIVED
DEC - 6 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO