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Form C-105
Revised 11-1-16

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NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

APR 25 1977

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	Nichols HV
9. Well No.	1
10. Field and Pool, or Wildcat	Wildcat Delaware
12. County	Eddy

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER ______

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER

2. Name of Operator: Yates Petroleum Corporation

3. Address of Operator: 207 South 4th Street - Artesia, NM 88210

4. Location of Well: UNIT LETTER M LOCATED 990 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE OF SEC. 30 TWP. 22S RGE. 28E NMPM

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
4-11-77	4-19-77	Dry P&A 4-20-77	3057' GR	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By →	Rotary Tools	Cable Tools
3905'				0-3905'	

24. Producing Interval(s), of this completion — Top, Bottom, Name: DRY

25. Was Directional Survey Made: No

26. Type Electric and Other Logs Run: BHC-GR, DLL-Rxo

27. Was Well Cored: No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	356	12¼"	200 sacks	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. 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 information shown on both sides of this form is true and complete to the best of my knowledge and belief.*

SIGNED Christine Tomlinson TITLE Geol. Secty DATE 4-22-77

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied b[illegible] ne copy of all electrical and radio-activity logs r[illegible] the well and a summary of all special tests conducted, including drill stem tests. All dep[illegible] reported shall be measured depths. In the case of [illegible]ectionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state Land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"
B. Salt 2040	T. Atoka	T. Pictured Cliffs	T. Penn. "D"
T. Yates	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison
T. Queen	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg	T. Montoya	T. Mancos	T. McCracken
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Qtzte
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	T.
T. Blinebry	T. Gr. Wash	T. Morrison	T.
T. Tubb	T. Granite	T. Todilto	T.
T. Drinkard	T. Delaware ~~Sand~~ Ls 2310	T. Entrada	T.
T. Abo	T. Bone Springs	T. Wingate	T.
T. Wolfcamp	T. Cherry Canyon 3265	T. Chinle	T.
T. Penn.	T.	T. Permian	T.
T. Cisco (Bough C)	T.	T. Penn. "A"	T.

OIL OR GAS SANDS OR ZONES

No. 1, from..............................to..............................

No. 2, from..............................to..............................

No. 3, from..............................to..............................

No. 4, from..............................to..............................

No. 5, from..............................to..............................

No. 6, from..............................to..............................

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from..............................to..............................feet. ....

No. 2, from..............................to..............................feet. ....

No. 3, from..............................to..............................feet. ....

No. 4, from..............................to..............................feet. ....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	356	356	Surface rock				
356	418	62	Anhy and salt				
418	707	289	Anhy and lime				
707	1565	858	Anhy and salt				
1565	2042	477	Salt				
2042	2192	150	Salt and lime				
2192	2344	152	Lime and sand				
2344	2648	304	Lime, sand and salt				
2648	2863	215	Lime and salt				
2863	3037	174	Lime and sand				
3037	3905	868	Lime				

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APR 27 1977

O. C. C.
ARTESIA, OFFICE

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT

(One Copy Must Be Filed With Each Completion Report.)

1. FIELD NAME (as per RRC Records or Wildcat) Wildcat	2. LEASE NAME NICHOLAS H.V.
3. OPERATOR YATES PETROLEUM CORPORATION	
4. ADDRESS 207 SOUTH FOURTH STREET ARTESIA, NEW MEXICO [illegible]	
5. LOCATION (Section, Block, and Survey) 990' FSL & 330' FWL of Sec. 30-22S-28E	

6. RRC District

7. RRC Lease Number. (Oil completions only)

8. Well Number 1

9. RRC Identification Number (Gas completions only)

10. County [illegible]

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
356	356	1/4	.44	1.56	1.56
690	334	1/4	.44	[illegible]	[illegible]
922	[illegible]	3/4	1.31	[illegible]	[illegible]
1210	288	3/4	1.31	[illegible]	[illegible]
1545	335	1 –	1.75	[illegible]	15.60
1912	[illegible]	1 –	1.75	[illegible]	[illegible]
2346	[illegible]	1 –	1.75	7.59	[illegible]
2690	344	1 –	1.75	[illegible]	35.60
3042	352	2 –	3.49	[illegible]	[illegible]
3449	[illegible]	1 1/2	2.62	[illegible]	[illegible]
3698	249	1 1/2	2.62	[illegible]	65.14
3905	207	1/4	.44	[illegible]	[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no

18. Accumulative total displacement of well bore at total depth of 3905 feet = 66.05 feet.

*19. Inclination measurements were made in – ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

20. Distance from surface location of well to the nearest lease line ______ feet.

21. Minimum distance to lease line as prescribed by field rules ______ feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? ______

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Robert A. Cullen

Signature of Authorized Representative

Robert A. Cullen

Name of Person and Title (type or print)

Byrd Drilling Company

Name of Company

Telephone: 915 Area Code 381-3910

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone: ______ Area Code

Railroad Commission Use Only:

Approved By: ______ Title: ______ Date: ______

* Designates items certified by company that conducted the inclination surveys.