

UNITED STATES

NM OIL CONS. COMM. ION
SUBMIT IN DUPLIC
Drawer DD

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

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See other in-
structions on
reverse side)

JAN 25 1985
ARTESIA COMPLETION

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other P&A

b. ARTESIA COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
Yates Petroleum Corporation

3. ADDRESS OF OPERATOR
207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980 FNL & 1980 FEL, Sec. 27-T2S-R19E
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.
NM 37128

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chisum AAW Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat - *Ad*

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Unit G, Sec. 27-T2S-R19E

12. COUNTY OR PARISH
Lincoln

13. STATE
NM

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 1-4-85 16. DATE T.D. REACHED 1-16-85 17. DATE COMPL. (Ready to prod.) - 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4954' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4100' 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-4100' CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Dry

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
CNL/FDC; DLL

27. WAS WELL CORED
No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54.5#	420'	17-1/2"	615 SX	
8-5/8"	24#	1200'	12-1/4"	700 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing 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.) _____

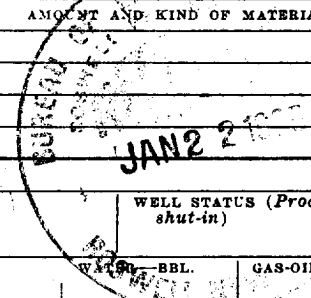
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY
PETER W. CHESTER

35. LIST OF ATTACHMENTS
DST (see back)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Production Supervisor DATE 1-18-85

*(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:		38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DUAL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM	TRUE VERT. DEPTH
<p>DST #1 - 1180-1288'; TO 45"; SI 90"; TO 60"; SI 120". Tool opened w/fair blow (2 psi). Had slight increase - 6" in bucket after 5 minutes. Increased to strong blow after 10 minutes (5 psi). Had slight increase after 20 minutes (3 psi). Stabilized at 2 psi after 30 minutes. Closed tool with fair blow. Reopened tool with fair blow. In 10 minutes had no change - 3" in bucket. After 20 minutes had slight decrease from fair to weak blow. Blow stabilized after 30 minutes - no gas - 0 psi. Closed tool w/weak blow. Recovery: 595' drilling fluid (water). Sampler: 7 psi, 0 cfg, 350 cc drilling fluid. Pressures: HP 551-590.1; IFP 65.7-262.5; ISIP 341.3; FFP 301.9-315.0; BHT 80°.</p>		<p>San Andres Yeso Abo Abo Wolfcamp Basement</p>	<p>Surface 786 2312 2312 2700 3764</p>