

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLIC. 2*

Form approved.
Budget Bureau No. 42-R

See other in-
structions on
reverse side)

copy 2/3

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____
 b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other PEA

2. NAME OF OPERATOR S. P. Yates

3. ADDRESS OF OPERATOR 309 Carper Building, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
 At surface 1650' PAL & 1650' FWL of Section 12-208-26E
 At top prod. interval reported below _____
 At total depth _____

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 7/31/65 16. DATE T.D. REACHED 8/2/65 17. DATE COMPL. (Ready to prod.) 11/22/65

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3283' GR

20. TOTAL DEPTH, MD & TVD 82' 21. PLUG, BACK T.D., MD & TVD _____

22. IF MULTIPLE COMPL., HOW MANY? _____ 23. INTERVALS DRILLED BY GR ROTARY TOOLS _____ CABLE TOOLS _____

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

25. WAS DIRECTIONAL SURVEY MADE No.

26. TYPE ELECTRIC AND OTHER LOGS RUN None

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
<u>4"</u>	<u>linepipe</u>	<u>73 ft</u>	<u>6 3/4"</u>	<u>4 sxs</u>	<u>None</u>

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
<u>None</u>				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
<u>None</u>		

31. PERFORATION RECORD (Interval, size and number)

RECEIVED
JAN 27 1966

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flooding, 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 _____

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 R.L. Norman TITLE Geologist DATE 11/6/65

5. LEASE DESIGNATION AND SERIAL MM 05110-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME _____

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT W. McMillan 7R

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 12-208-26E Unit K NMPN

12. COUNTY OR PARISH Eddy 13. STATE New Mex.

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

INSTRUCTIONS

355.5
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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 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 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 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.) should be listed on this form, 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		38. GEOLOGIC MARKERS				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
	0			<u>7 Rivers Dolomite</u>	21'	
	10	10	Shale, sand and limestone			
	15	15	Limestone			
	20	20	Shale, sandy			
	40	40	Dolomite with a little sandy shale			
	50	50	Dolomite			
	60	60	Dolomite, Gray Shale and sand			
	65	65	Dolomite, Limestone and shale			
	65	70	Dolomite, limsy with slight staining			
	70	75	Dolomite, shale and sand			
	75	80	Dolomite with slight staining			
	80	82	NO RETURNS			