

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.6.

Other In-
jections on
(Reverse side)

C/SF

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED

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 FEB 26 1982

2. NAME OF OPERATOR Yates Petroleum Corporation O. C. D.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' F&L & 660' FWL, Sec. 9-7S-25E
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO. NM 11799

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME Hahn NH Federal

9. WELL NO. 3

10. FIELD AND POOL, OR WILDCAT Pecos Slope-Abo Gas

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Unit E, Sec. 9-T7S-R25E

12. COUNTY OR PARISH Chaves 13. STATE NM

15. DATE STUDDED 1-31-82 16. DATE T.D. REACHED 2-14-82 17. DATE COMPL. (Ready to prod.) 2-25-82 18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 3842' GR 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 4450' 21. PLUG, BACK T.D., MD & TVD 4342' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-4450' CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3862-3875' Abo 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)					
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"	40.5#	832'	14-3/4"	700	Posted ID-2 Comp. Book SI 82
4-1/2"	9.5#	4351'	7-7/8"	350	

*Posted ID # 3-5-82
& Comp. Book*

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					<u>2-3/8"</u>	<u>3832'</u>	<u>-</u>

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
<u>3862-75' w/13 .50" holes</u>		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		<u>3862-75'</u>	<u>w/2000 g. 7½% acid.</u>
			<u>SF w/2000 g. 7½% acid, 40000</u>
			<u>g. gel KCL wtr, 10000g. CO2,</u>
			<u>& 120000#20/40 sd.</u>

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
<u>2-25-82</u>		<u>Flowing</u>				<u>SIWOPLC</u>	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<u>2-25-82</u>	<u>4</u>	<u>3/4"</u>	<u>→</u>	<u>-</u>	<u>225</u>	<u>-</u>	<u>-</u>
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
<u>80</u>	<u>-</u>	<u>→</u>	<u>-</u>	<u>1347</u>	<u>-</u>	<u>-</u>	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Will be sold TEST WITNESSED BY Bill Hansen

35. LIST OF ATTACHMENTS Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED [Signature] TITLE Engineering Secretary DATE 2-26-82

*(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				38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
				San Andres Glorieta Fullerton Abo	378 1486 2912 3598		